

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90026 042 ****61.25

DOCUMENT # N05000012482 1. Entity Name CYPRESS COVE AT SUNTREE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2180 W. SR 434, SUITE 5000 LONGWOOD, FL 32779-5044				Mailing Address 2180 W. SR 434, SUITE 5000 LONGWOOD, FL 32779-5044	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 396 Alhambra Circle			
Suite, Apt. #, etc. 230		Suite, Apt. #, etc. 230			
City & State Coral Gables, FL		City & State Coral Gables, FL			
Zip 33134		Country USA		4. FEI Number 20-4982113	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent James W. Hart, Jr. Sentry Management, Inc. 2180 W. SR 434, Suite 5000 Longwood, FL 32779			7. Name and Address of New Registered Agent Maria Fernandez - Valle Esq Doral Corporate Center II 3750 NW 87 Ave, # 100 Doral, FL 33178		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-statuting) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CABRERIZO, TOMAS 6351 SUNSET DRIVE MIAMI, FL 33143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Cabrenzo Tom 6340 Sunset Drive Miami, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FUENTES, VICTOR 6351 SUNSET DRIVE MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President/Sec Knight, M. Douglas 7667 W. Wickham Rd # 723 Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RYAN, TOM 6351 SUNSET DR MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Fuentes, Ivan 6340 Sunset Drive Miami, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: (305) 779-8040					