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FILED May 01, 2008 8:00 am **Secretary of State**

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SIGNATURE:

DOCUMENT # N36748 05-01-2008 90180 005 ****61.25 1. Entity Name
CYPRESS KEEP ENCLAVE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9411 CYPRESS LAKE DRIVE 9411 CYPRESS LAKE DRIVE SUITE 2 SUITE 2 FT MYERS, FL 33919 US FT MYERS, FL 33919 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 CR2E037 (12/06) Cho-NP Applied For City & State City & State 4. FEI Number 59-3039701 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRUZ, BRYAN Street Address (9.0. Box Number is Not Acceptable) C/O SCHOO MANAGEMENT, INC. 9411 CYPRESS LAKE DRIVE - SUITE 2 FORT MYERS, FL 33919 MUPIS 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Election Campaign Financing Make check payable to Fillng Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. President Delete TITLE IIILE Change ☐ Addition Judith Howell
13710 Raleigh Lane T2
FT Myers FL 33919 STONE, NANCY NAME NAME STREET ADDRESS 13730 DOWNING LANE, W5 STREET ADORESS FORT MYERS, FL 33919 CITY-ST-ZIP CITY-ST-ZIP Cheryl Curry 13740 Downing Lane y= VD Delete TITLE TITLE ☐ Addition NAME DOVIN, WAYNE NAME 13740 DOWNING LANE #Y-5 STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP CITY-ST-7IP FORT MYERS, FL 33919 Change ☐ Addition TITLE TITLE Secy **∠**Delete Peggy Amos CURRY, CHERYL NAME NAME 13724 Thatcher Court V-5 STREET ADDRESS 13740 DOWNING LANE #Y-4 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP myers FL 33919 Change TITLE ☐ Addition ☐ Delete TITLE Treas. Ruth Carev NAME BAUER, LEORA NAME 13710 Raleigh Lane T.1 13734 DOWNING LANE, X4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP FT Myers FL 33919 TITLE D bélete TITLE Director ☐ Addition MEMOLI, KATHY NAME NAME Katie Garland STREET ADDRESS 13740 DOWNING LANE #Y-3 STREET ADDRESS 13730 Dowling La CITY-ST-ZIP FORT MYERS, FL 33919 CITY-ST-ZIP 33919 TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR