

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90029 025 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                            |                                                                                                                                                                                                               |                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|
| <b>DOCUMENT # N38596</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>1. Entity Name</b><br>CYPRESS COVE OF JUPITER HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>Principal Place of Business</b><br>1930 COMMERCE LANE<br>SUITE 1<br>JUPITER, FL 33458 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                            | <b>Mailing Address</b><br>1930 COMMERCE LANE<br>SUITE 1<br>JUPITER, FL 33458 US                                                                                                                               |                                       |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | <b>3. Mailing Address</b>                                                                  |                                                                                                                                                                                                               |                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | Suite, Apt. #, etc.                                                                        |                                                                                                                                                                                                               |                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | City & State                                                                               |                                                                                                                                                                                                               |                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                    | Zip                                                                                        | Country                                                                                                                                                                                                       | <b>4. FEI Number</b><br>65-0228334    |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                            |                                                                                                                                                                                                               | <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>INGLIS, STEVE<br>BRISTOL MANAGEMENT<br>1930 COMMERCE LANE SUITE ONE<br>JUPITER, FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="float: right;"> <b>FL</b> Zip Code                 </div> |                                       |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                            | <b>DATE</b> 2-7-2007                                                                                                                                                                                          |                                       |  |
| Signature, type or printed name of registered agent, and title if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                            | (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                  |                                       |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                               | <b>\$5.00 May Be Added to Fees</b>    |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>GOODMAN, DAVID<br><b>STREET ADDRESS</b><br>6856 CYPRESS COVE CIRCLE<br><b>CITY-ST-ZIP</b><br>JUPITER, FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Delete |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>PAGEL, TIM<br><b>STREET ADDRESS</b><br>6917 CYPRESS COVE CIRCLE<br><b>CITY-ST-ZIP</b><br>JUPITER, FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Delete |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b><br>T<br><b>NAME</b><br>VER HOFF, DANIEC<br><b>STREET ADDRESS</b><br>6995 CYPRESS COVE CIRCLE<br><b>CITY-ST-ZIP</b><br>JUPITER, FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Delete |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b><br>S<br><b>NAME</b><br>MADEY, JANET<br><b>STREET ADDRESS</b><br>6755 CYPRESS COVE CIRCLE<br><b>CITY-ST-ZIP</b><br>JUPITER, FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete            |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b><br>V<br><b>NAME</b><br>NEUMANN, ROBERT<br><b>STREET ADDRESS</b><br>6803 CYPRESS COVE CIRCLE<br><b>CITY-ST-ZIP</b><br>JUPITER, FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Delete |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete            |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b> Director<br><b>NAME</b> TOM ADDINGTON<br><b>STREET ADDRESS</b> 6852 Cypress Cove Cir<br><b>CITY-ST-ZIP</b> Jupiter FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b> Treasurer<br><b>NAME</b> RICHARD BRUSATO<br><b>STREET ADDRESS</b> 6863 Cypress Cove Cir<br><b>CITY-ST-ZIP</b> Jupiter FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b> Secy.<br><b>NAME</b> KALAN FOXAFF<br><b>STREET ADDRESS</b> 6869 Cypress Cove Cir<br><b>CITY-ST-ZIP</b> Jupiter FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b> Director<br><b>NAME</b> JANET MADEY<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b> President<br><b>NAME</b> MARY KICH<br><b>STREET ADDRESS</b> 1917 TAMARA LN<br><b>CITY-ST-ZIP</b> Jupiter FL 33458                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |                                                                                                                                                                                                               |                                       |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |                                                                                                                                                                                                               |                                       |  |
| <b>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.</b> |                                            |                                                                                            |                                                                                                                                                                                                               |                                       |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                            | <b>DATE</b> 2/7/07                                                                                                                                                                                            |                                       |  |
| Signature and typed or printed name of signing officer or director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                            | Daytime Phone #                                                                                                                                                                                               |                                       |  |

Cypress Cove  
N 38596

ATTACHMENT

40012952  
~~#~~ N 38596

2/7/07

Please make the following change to the Annual Report form

Remove David Goodman

Janet Madey is now a Director only

Remove Tim Pagel

Daniec Ver Hoff

Robert Neumann

Add Tom Addington ,6852 Cypress Cove Circle, Director

Richard Brusato 6863 Cypress Cove Circle, Treasurer

Karen Roraff, 6869 Cypress Cove Circle, Secretary

Marilyn Rich 19177 Tamara Lane, President