


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N46896</b><br>1. Entity Name<br>CYPRESS POINT AT PALM COAST OWNERS<br>ASSOCIATION, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>1 CORPORATE DR<br>SUITE 3<br>PALM COAST, FL 32151 US | Mailing Address<br>1 CORPORATE DR<br>SUITE 3<br>PALM COAST, FL 32151 US |
|---|---|



02132006 No Chg-NP CR2E037 (11/05)

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|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-3316702                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

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|--|
| 6. Name and Address of Current Registered Agent<br><br>PREFERRED MANAGEMENT SERVICES, INC.<br>109 S 6TH ST<br>SUITE 101<br>FLAGLER BEACH, FL 32136 |
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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>BHAQWAN, ASNANI<br>431 E HORIATIA AVE STE 110<br>MAITLAND, FL 32751 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>STAGLIANO, ANTHONY<br>P.O. BOX 850855<br>PALM COAST, FL 32135       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>HENDERSON, CRAIG<br>435 LAMBERT AVE<br>FLAGLER BEACH, FL 32136     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

000000439808  
03/02/06-80015-012 61.25

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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 life empowered.

**SIGNATURE:** Anthony Stagliano **DIRECTOR** 2-14-06 386445-5757  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #