

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001247

FILED
Feb 05, 2007
Secretary of State

Entity Name: CYPRESS ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SOUTHWEST PROPERTY MGMT CORP
1044 CASTELLO DR STE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE
STE. 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0575306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DRIVE
STE. 206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHOFIELD, PETE
Address: 25011 CYPRESS HOLLOW CT. J-203
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP () Delete
Name: BARR, ELLEN
Address: 25020 CYPRESS HOLLOW CT, E101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: MCGARRY, FRANK
Address: 25000 CYPRESS HOLLOW COURT G-201
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T () Delete
Name: HANCOCK, MARVIN
Address: 25011 CYPRESS HOLLOW CT J-205
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: MASEFOHL, BURT
Address: 25011 CYPRESS HOLLOW CT. J-101
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETE SCHOFIELD

P

02/05/2007

Electronic Signature of Signing Officer or Director

Date