

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001247

FILED  
Apr 08, 2009  
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: MCGARRY, FRANK  
Address: 25000 CYPRESS HOLLOW CT., G-201  
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: WALKER, DONNA  
Address: 25030 CYPRESS HOLLOW CT, D201  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: EDWARDS, CHARLES  
Address: 25040 CYPRESS HOLLOW CT. C203  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Delete  
Name: SHANNON, PAUL  
Address: 25030 CYPRESS HOLLOW CT. D203  
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: S (X) Change ( ) Addition  
Name: SHANNON, PAUL  
Address: 25030 CYPRESS HOLLOW CT, D203  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T (X) Change ( ) Addition  
Name: HOLTGREIVE, BILL  
Address: 25020 CYPRESS HOLLOW CT. E201  
City-St-Zip: BONITA SPRINGS, FL 34134

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

I hereby certify that the information supplied with this filing does not qualify 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: FRANK MC GARRY

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date