

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002236

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: GRAND CYPRESS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

21668 HAMMOCK PT DRIVE  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

21668 HAMMOCK PT DRIVE  
BOCA RATON, FL 33433 US

**New Mailing Address:**

FEI Number: 65-0591374      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEALER, AUBREY  
21668 HAMMOCK PT DRIVE  
BOCA RATON, FL 33433 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: PD ( ) Delete  
Name: GEALER, AUBREY  
Address: 21668 HAMMOCK POINT DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: TD ( ) Delete  
Name: LIEBERMAN, SHELDON  
Address: 21709 HAMMOCK POINT DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: VPD ( ) Delete  
Name: COHEN, SANDRA J  
Address: 21692 HAMMOCK POINT DR  
City-St-Zip: BOCA RATON, FL 33433

Title: VPD ( ) Delete  
Name: GELD, JAMES  
Address: 21708 HAMMOCK POINT DR  
City-St-Zip: BOCA RATON, FL 33433

Title: SD ( ) Delete  
Name: ROTHBERG, BARRY  
Address: 21652 HAMMOCK POINT DRIVE  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VPD (X) Change ( ) Addition  
Name: GELD, JAMES  
Address: 21708 HAMMOCK POINT DR  
City-St-Zip: BOCA RATON, FL 33433

Title: VPD (X) Change ( ) Addition  
Name: CLEMENT, HOWARD  
Address: 21725 HAMMOCK POINT DR  
City-St-Zip: BOCA RATON, FL 33433

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: AUBREY GEALER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/04/2007

\_\_\_\_\_  
Date