

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90016 003 ****61.25

DOCUMENT # N95000002236					
1. Entity Name GRAND CYPRESS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 21668 HAMMOCK PT DRIVE BOCA RATON, FL 33433 US			Mailing Address 21668 HAMMOCK PT DRIVE BOCA RATON, FL 33433 US		
2. Principal Place of Business - No P.O. Box # 21708 HAMMOCK POINT DRIVE		3. Mailing Address 21708 HAMMOCK POINT DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008 Chg-NP CR2E037 (12/06)	
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 65-0591374	
Zip 33433		Country PALM BEACH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEALER, AUBREY 21668 HAMMOCK PT DRIVE BOCA RATON, FL 33433			7. Name and Address of New Registered Agent		
			Name JAMES GELD		
			Street Address (P.O. Box Number is Not Acceptable) 21708 HAMMOCK POINT DRIVE		
			City BOCA RATON		
			FL Zip Code 33433		
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 			DATE 1/20/2008		
(NOTE: Registered Agent signature required when reinstating.)					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS					
TITLE PD	NAME GEALER, AUBREY	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME JAMES GELD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21668 HAMMOCK POINT DRIVE	CITY-ST-ZIP BOCA RATON, FL 33433		STREET ADDRESS 21708 HAMMOCK POINT DRIVE	CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE TD	NAME LIEBERMAN, SHELDON	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21709 HAMMOCK POINT DRIVE	CITY-ST-ZIP BOCA RATON, FL 33433		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VPD	NAME GELD, JAMES	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME ARNOLD FELDMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21708 HAMMOCK POINT DR	CITY-ST-ZIP BOCA RATON, FL 33433		STREET ADDRESS 21692 HAMMOCK POINT DRIVE	CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE VPD	NAME CLEMENT, HOWARD	<input checked="" type="checkbox"/> Delete	TITLE VPD	NAME HELEN KNIBERG	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21725 HAMMOCK POINT DR	CITY-ST-ZIP BOCA RATON, FL 33433		STREET ADDRESS 21716 HAMMOCK POINT DRIVE	CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE SD	NAME ROTHBERG, BARRY	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 21652 HAMMOCK POINT DRIVE	CITY-ST-ZIP BOCA RATON, FL 33433		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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 another like empowered.					
SIGNATURE: 			DATE 1/20/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 561-477-7222		