

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90108 013 ****61.25

DOCUMENT # N96000001213					
1. Entity Name THE RESERVE AT CYPRESS POINT HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5401 S KIRKMAN RD. STE. 450 ORLANDO, FL 32819			Mailing Address 5401 S KIRKMAN RD. STE. 450 ORLANDO, FL 32819 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01192006 Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0695408				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MGMT PROF. INC. 5401 S KIRKMAN RD #475 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME WRIGHT, KEITH <input type="checkbox"/> Delete		TITLE Tres.	NAME Peter Kaufman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 8802 GREY HAWK POINT	CITY-ST-ZIP ORLANDO, FL 32836		STREET ADDRESS 8709 Cypress Reserve Cir	CITY-ST-ZIP Orlando, FL 32836	
TITLE VP President	NAME SMITH, CAROL <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 8853 CYPRESS RESERVE CIRCLE	CITY-ST-ZIP ORLANDO, FL 32836		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME LOUDIS, GEORGE <input type="checkbox"/> Delete		TITLE V. Pres	NAME Hamish Munro <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 8745 CYPRESS RESERVE CIRCLE	CITY-ST-ZIP ORLANDO, FL 32836		STREET ADDRESS 8828 Cypress Reserve Cir	CITY-ST-ZIP Orlando, FL 32836	
TITLE T	NAME GOULOCK, BUZZ <input type="checkbox"/> Delete		TITLE Sec.	NAME Pam Chevrier <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 8819 GREY HAWK PT	CITY-ST-ZIP ORLANDO, FL 32836		STREET ADDRESS 8806 Grey Hawk Pt.	CITY-ST-ZIP Orlando, FL 32836	
TITLE V Pres	NAME CLARK, GLEN <input type="checkbox"/> Delete		TITLE 	NAME 	
STREET ADDRESS 8751 CYPRESS RESERVE CIRCLE	CITY-ST-ZIP ORLANDO, FL 32836		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
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 all other like empowered.					
SIGNATURE: CAROL Smith Feb. 11, 06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					