

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001925

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** CYPRESS POINT AT THE RESERVE ASSOCIATION, INC.

**Current Principal Place of Business:**

430 NW LAKE WHITNEY PL  
PORT SAINT LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

430 NW LAKE WHITNEY PL  
PORT SAINT LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** 65-0803499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAYSHORE ASSOCIATION MANAGEMENT  
430 LAKE WHITNEY PLACE  
PORT SAINT LUCIE, FL 34986 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: D ( ) Delete  
Name: WEITZEL, HAROLD  
Address: 10208 CROSBY PL  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP ( ) Delete  
Name: ASHBY, KEITH  
Address: 10101 SPYGLASS LANE  
City-St-Zip: FORT PIERCE, FL 34986

Title: ST ( ) Delete  
Name: SIGMAN, GORDON  
Address: 10104 SPYGLASS LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T ( ) Delete  
Name: MILLS, JOHN  
Address: 7959 POPPY HILLS LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P ( ) Delete  
Name: HORAN, DAVID  
Address: 10120 CROSBY LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: D (X) Change ( ) Addition  
Name: REGAN, MARK  
Address: 8105 ALISTER PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: S (X) Change ( ) Addition  
Name: SIGMAN, GORDON  
Address: 10104 SPYGLASS LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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 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: JOHN MILLS

T

04/03/2009

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

\_\_\_\_\_  
Date