FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700006372

1. Corporation Name

CYPRESS GLEN I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

%RAY ANDERDSON, RFA OF SOUTHWEST FLORIDA 3245 PINE RIDGE ROAD NAPLES FL 34109 %RAY ANDERDSON. RFA OF SOUTHWEST FLORIDA 3245 PINE RIDGE ROAD NAPLES FL 34109

FILED May 06, 1999 8:00 am § Secretary of State

05-06-1999 90237 034 ****61.25



3. Date Incorporated or Qualifed

3225	Cypress Glen Way	26 3225 Cypres	s Glen W	ay 11/10/1997		
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
22 #113		27 #113		59-3490782	Not Applicable	
City & State		City & State		5. Certifcate of Status Desired	\$8.75 Additional	
23 Naple		28 Naples FL			Fee Required	
^{Zip} 34109	Country	¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬	Country	6. Election Campaign Financing	\$5.00 May Be	
24 34109		[20]	<u>US</u>	Trust Fund Contribution 10. Name and Address of New Registered A	Added to Fees	
	9. Name and Address of Current I	Registered Agent	81 Name		gon.	
				N. Rex Ashiey		
				82 Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Drive #106		
3245 PINE RIDGE ROAD				83		
NAPLES FL 34109						
			84 City	Naples FL	85 Zip Code 34103	
11 Durant	to the provisions of Sections 617 0500	and 617 1508 Florida Statutes ti	he above-named c	titi- this statement for the surges of s	hanging its registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with advancept the obligations of Section 617.0503, Florida Statutes.						
agent. I am familiar with 16fd/accept the obligations of Section 617.0503/, Florida Statutes.						
SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered gent signature required when reinstating) DATE						
12.	OFFICERS AND		13/	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	DP	⊠ DELETE	1,1 TITLE	DP Cultura Dialega	Change X Addition	
NAME	ANDERSON, RAY		1.2 NAME	Šylvia Diakos 3225 Cypress Clep Way #	116	
STREET ADDRESS	3245 PINE RIDGE ROAD	ŀ	1.3 STREET ADDRESS	3225 Cypress Glen Way # Naples, FL 34109	110	
CITY-ST-ZIP	NAPLES FL 34109		1.4 CITY-ST-ZIP			
TITLE	DVTS	DELETE	2.1 TITLE	DV	☐ Change	
NAME .	MARKLEY, DAN		2.2 NAME	Thomas Gardner 3225 Cypress Glen Way # Naples FL 34109	112	
STREET ADORESS	3245 PINE RIDGE ROAD		2.3 STREET ADDRESS	Nanles FL 34109	117	
CITY-ST-ZIP	NAPLES FL 34109		2. 4 CITY-ST-ZIP	Trapics in Stray		
TITLE	D	⊠ DELETE		DT	Change XAddition	
NAME	FOX, NANCY			N. Rex Ashley		
STREET ADDRESS	3245 PINE RIDGE ROAD	ł		3225 Cypress Glen Way #	113	
CITY-ST-ZIP	NAPLES FL 34109		3.4. CITY-ST-ZiP	Naples FL 34109		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE			6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
44 15	AND AN ANY CONTRACTOR AND ANY CONTRACTOR AND	this divine dans and accelled fourther	averagion stated	in Section 119 07/3\(ii) Florida Statutes I further cert	ifu that the information	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on application with an address, with all other like empowered.

SIGNATURE

HATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phor

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