## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000006372

FILED Feb 03, 2007 Secretary of State

Entity Name: CYPRESS GLEN I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4306 ARNOLD AVE. NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

P O BOX 110339 NAPLES, FL 34108

FEI Number: 59-3490782 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KUETER, BEVERLY 4306 ARNOLD AVE. NAPLES, FL 34104 US

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:

Flacture is Company of Designature of Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DV ( ) Delete Title: DP (X) Change ( ) Addition

Name: GASKILL, NATE Name: WRIGHT, GEORGE

Address: 3225 CYPRESS GLEN WAY #111 Address: 3225 CYPRESS GLEN WAY #113

City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: DP ( ) Delete Title: DV (X) Change ( ) Addition

Name: WRIGHT, GEORGE Name: QUINONES, LOUIS

Address: 3225 CYPRESS GLEN WAY, STE 113 Address: 3225 CYPRESS GLEN WAY, STE 107

City-St-Zip: NAPLES, FL City-St-Zip: NAPLES, FL 34109

Title: DST ( ) Delete Title: DST (X) Change ( ) Addition Name: NEWSWANGER, WENDY Name: ABREU, NYDIA

Address: 3225 CYPRESS GLEN WAY, #112 Address: 3225 CYPRESS GLEN WAY, #108

City-St-Zip: NAPLES, FL City-St-Zip: NAPLES, FL 34109

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: GEORGE WRIGHT P 02/03/2007