

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90003 010 \*\*\*\*61.25

DOCUMENT # N97000007094

1. Entity Name  
CYPRESS WOODS GOLF & COUNTRY CLUB MASTER  
PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business  
3525 NORTHBROKE DR  
NAPLES, FL 34119

Mailing Address  
3525 NORTHBROKE DR  
NAPLES, FL 34119

**S & SA/P DEPT**  
**40095135**



**DO NOT WRITE IN THIS SPACE**

05172006 No Chg-NP CR2E037 (4/06)

4. FEI Number  
65-0808009

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BECKER & POLIAKOFF  
4501 TAMiami TRAIL NORTH  
SUITE 214  
NAPLES, FL 34103

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SHEPARD, DAVE  
STREET ADDRESS 3325 GRAND CYPRESS DR.#101  
CITY-ST-ZIP NAPLES, FL 34119

TITLE VPD  
NAME MEARA, NED  
STREET ADDRESS 422 Highbank RD  
CITY-ST-ZIP S.YARMOUNT, MA 02664

TITLE VPD  
NAME CICERO, BOB  
STREET ADDRESS 25 OAK HILL LN.  
CITY-ST-ZIP KINGS PARK, NY 11754

TITLE TD  
NAME FRITZ, KEN  
STREET ADDRESS 9578 BROOK HILL LN  
CITY-ST-ZIP LONE TREE, CO 80124

TITLE OFD  
NAME ALTIER, AL  
STREET ADDRESS 2700 CYPRESS TRACE CIR #3112  
CITY-ST-ZIP NAPLES, FL 34119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/2/06 239-592-9287

ATTACHMENT

40095135

#N97008887094

Added Page for Officers and Directors for Cypress Woods Golf and Country Club Master

Sec.- Tom Lawrence  
2905 Cypress Trace Circle  
#204  
Naples, FL 34119

Officer- Richard Wallace  
2810 Cypress Trace Circle  
#2111  
Naples, FL 34119

Officer- Paul Dell Uomo  
3661 Grand Cypress Drive  
Naples, FL 34119

Officer- Maria Simone  
2730 Cypress Trace Circle  
#2816  
Naples, FL 34119