

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007094

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

3525 NORTHBROKE DR
NAPLES, FL 34119

New Principal Place of Business:

3525 NORTHBROKE DR
NAPLES, FL 34119

Current Mailing Address:

3525 NORTHBROKE DR
NAPLES, FL 34119

New Mailing Address:

FEI Number: 65-0808009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
999 VANDERBILT BEACH ROAD
SUITE 501
NAPLES, FL 34108 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: PD () Delete
Name: SHEPARD, DAVE
Address: 3325 GRAND CYPRESS DR.#101
City-St-Zip: NAPLES, FL 34119

Title: VPD () Delete
Name: MEARA, NED
Address: 422 Highbank Rd
City-St-Zip: S.YARMOUNT, MA 02664

Title: VPD () Delete
Name: CICERO, BOB
Address: 25 OAK HILL LN.
City-St-Zip: KINGS PARK, NY 11754

Title: SD () Delete
Name: FISHER, GEORGE
Address: 3666 GRAND CYPRESS DR
City-St-Zip: NAPLES, FL 34119

Title: OFD () Delete
Name: ALTIER, AL
Address: 2700 CYPRESS TRACE CIR #3112
City-St-Zip: NAPLES, FL 34119

Title: TD () Delete
Name: GRASS, SHARLENE
Address: 2760 CYPRESS TRACE CIR 2512
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: DAVE SHEPARD

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date