

2000 UNIFORM BUSINESS REPORT (UBR)

5/4/

FILED
Jun 20, 2000 8:00 am
Secretary of State

05-04-2000 90225 009 ****61.25

DOCUMENT # N98000001302

1. Entity Name

CYPRESS COVE/FEATHER SOUND CLUBHOUSE ASSOCIATION

Principal Place of Business

9400 GLADIOLUS DRIVE, SUITE 250
 FT MYERS FL 33908

Mailing Address

9400 GLADIOLUS DRIVE, SUITE 250
 FT MYERS FL 33908-7600

2. Principal Place of Business

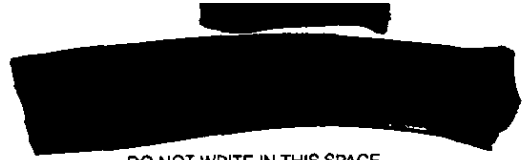
Suite, Apt. #, etc.

City & State

Zip

Country

**Property Management
 Professionals of SW Florida
 100 Vineyards Blvd.
 Naples, FL 34110**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0832363

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PEEPLES, C-PERRY
 8889 PELICAN BAY BLVD, SUITE 300
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Matthew C. ...

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REISMAN, JOHN	
STREET ADDRESS	9400 GLADIOLUS DRIVE, SUITE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GULLO, VINCE	
STREET ADDRESS	9400 GLADIOLUS DRIVE, SUITE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNIZNER, DAVID	
STREET ADDRESS	9400 GLADIOLUS DRIVE, SUITE 250	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOEPKE, VERONICA	
STREET ADDRESS	5644 SANDLEWOOD DR	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SESSLER, ROBERT	
STREET ADDRESS	5681 HERON LANE 207	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALCERAKI, RAYMOND	
STREET ADDRESS	5633 WHISPERWOOD BLVD	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVERETOS HELEN	
STREET ADDRESS	5201 HERON LANE 204	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHLEY, MARY	
STREET ADDRESS	5681 HERON LANE 206	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 like empowered.

SIGNATURE:

Raymond T. Kalski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/00

Daytime Phone #

CR2E037 (9/99)