

FILED  
Jun 26, 2001 8:00 am  
Secretary of State

06-01-2001 90003 019 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001302

1. Entity Name  
CYPRESS COVE/FEATHER SOUND CLUBHOUSE ASSOCIATION

Principal Place of Business Mailing Address  
~~9400 GLADIOLUS DRIVE SUITE 250~~ ~~PROFESSIONALS OF SW FLORIDA~~  
~~FT MYERS FL 33900~~ 100 VINEYARDS BLVD.  
NAPLES FL 34110

(CA)

8891



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business PMP Management  
Suite, Apt. #, etc. 100 Vineyards Blvd  
City & State Naples, FL

3. Mailing Address PMP Management  
Suite, Apt. #, etc. 100 Vineyards Blvd  
City & State Naples, FL

4. FEI Number 65-0832363 Applied For Not Applicable

Zip 34119 Country USA

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

6. Name and Address of Current Registered Agent  
~~PEEPLES, G PERRY~~  
~~8800 PELICAN BAY BLVD, SUITE 300~~  
~~NAPLES FL 34108~~

7. Name and Address of New Registered Agent  
Name PMP Management - Anthony Trilla  
Street Address (P.O. Box Number is Not Acceptable)  
100 Vineyards Blvd  
City Naples FL Zip Code 34119

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 Anthony Trilla, mgr. DATE 4/16/01

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 DD NAME LIVERTOES, HELEN STREET ADDRESS 5201 HERON LANE 704 CITY-ST-ZIP NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE D NAME RICHLEY, MARY STREET ADDRESS 5681 HERON LANE 704 CITY-ST-ZIP NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE PD NAME KOEPKE, VERONICA STREET ADDRESS 5644 SANDLE WOOD LD 3 CITY-ST-ZIP NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE VD NAME SESSLER, ROBERT STREET ADDRESS 5681 HERDON LANE 207 CITY-ST-ZIP NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE TD NAME KACEAEKI, RAYMOND STREET ADDRESS 5633 WHISPERWOOD BLVD CITY-ST-ZIP NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President NAME James E. Morris STREET ADDRESS 5701 Heron Lane #208 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME Bernice Heitmann STREET ADDRESS 5636 Whisperwood Blvd #1722 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Secretary NAME Joan L. Wolf STREET ADDRESS 5697 Heron Lane #606 CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE Treasurer NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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 persons empowered.

SIGNATURE: [Signature] Date: [Signature] Daytime Phone #