

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2004
Secretary of State**

DOCUMENT# N98000001302

Entity Name: CYPRESS COVE/FEATHER SOUND CLUBHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R & P PROPERTY MGMT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0832363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R & P PROPERTY MANAGEMENT
265 AIRPORT ROAD SOUTH
NAPLES, FL 34104 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: MORRIS, JAMES
Address: 5701 HERON LANE # 706
City-St-Zip: NAPLES, FL 34110

Title: DT () Delete
Name: HERTMANN, BERNICE
Address: 5636 WHISPERWOOD BLVD. #1702
City-St-Zip: NAPLES, FL 34110

Title: DVP () Delete
Name: WOLF, JUAN L
Address: 5697 HERON LANE #606
City-St-Zip: NAPLES, FL 34110

Title: DS () Delete
Name: MAY, JAMES
Address: 5652 WHISPERWOOD BLVD # 2204
City-St-Zip: NAPLES, FL 34110

Title: DD () Delete
Name: MCKINNON, BRUCE
Address: 5689 HERON LAKE # 406
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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 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 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: JIM MORRIS

PD

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date