


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90278 007 ****61.25

DOCUMENT # N98000001302

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



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

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



2. Principal Place of Business
 90 Sandcastle Community Mgmt
 Suite, Apt. #, etc.
 1719 Trade Center Way #4

3. Mailing Address
 90 Sandcastle Community Mgmt.
 Suite, Apt. #, etc.
 PO Box 8418

City & State
 Naples, FL

City & State
 Naples, FL

Zip
 34109

Country
 USA

Zip
 34101

Country
 USA

04112005 Chg-NP CR2E037 (10/03)

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

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

7. Name and Address of New Registered Agent

Name Sandcastle Community Management
 Street Address (P.O. Box Number is Not Acceptable)
 1719 Trade Center Way #4
 City Naples FL Zip Code 34109

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, JAMES 5701 HERON LANE # 706 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERTMANN, BERNICE 5636 WHISPERWOOD BLVD. #1702 NAPLES, FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WOLF, JUAN L 5697 HERON LANE #606 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAY, JAMES 5652 WHISPERWOOD BLVD # 2204 NAPLES, FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MCKINNON, BRUCE 5689 HERON LAKE # 406 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Robert Farina 5656 Whisperwood Blvd. #2304 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dee Halowell 5677 Heron Lane #105 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Richard Welsh 5689 Heron Lane NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bernice Heitmann Treasurer 4/18/05 239-592-1418
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bernice Heitmann