2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001302

1. Entity Name



FILED Apr 27, 2006 8:00 am Secretary of State

CYPRESS COVE/FEATHER SOUND CLUBHOUSE ASSOCIATION, INC.				02	1-27-2006 90	0197 035 *	****61.2	5	
C/O SANDCA	e of Business STLE COMMUNITY MGMT, CENTER WAY # 4 34109	Mailing Address C/O SANDCASTLE COMM P.O. BOX 8478 NAPLES, FL 34101	NDCASTLE COMMUNITY MGMT. OX 8478				1 11/14 11 114 11 1	 	
Principal Place of Business 3. N		3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182006 C	hg-NP	CR2E037	(11/05)		
City & State		City & State	City & State		63		<u> </u>	plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired		8.75 Add		
	6. Name and Address of Current I	Registered Agent		7. Name and Ad	dress of New R	Registered Ag	jent		
SANDCAS		IENT	Name		· -				
SANDCASTLE COMMUNITY MANAGEMENT 1719 TRADE CENTER WAY # 4 NAPLES, FL 34109			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Cod	<u></u> е	
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its r	registered office or reg	istered agent, or both, in	n the State of Flo		miliar with,	and accept	
SIGNATURE							,		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature re	quired when reinstating)		DATE			
	Signature, typed or printed name of registered egent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE lake check rida Departn			
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be	Flor	lake check rida Departn	nent of S	tate	
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 tike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR