


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-27-2006 90197 035 \*\*\*\*61.25

**DOCUMENT # N98000001302**

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




Principal Place of Business  
 C/O SANDCASTLE COMMUNITY MGMT.  
 1719 TRADE CENTER WAY # 4  
 NAPLES, FL 34109

Mailing Address  
 C/O SANDCASTLE COMMUNITY MGMT.  
 P.O. BOX 8478  
 NAPLES, FL 34101

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01182006 Chg-NP CR2E037 (11/05)

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

SANDCASTLE COMMUNITY MANAGEMENT  
 1719 TRADE CENTER WAY # 4  
 NAPLES, FL 34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006

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	VD	<input type="checkbox"/> Delete
NAME	FARINA, ROBERT	
STREET ADDRESS	5656 WHISPERWOOD BLVD. # 2304	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HERTMANN, BERNICE	
STREET ADDRESS	5636 WHISPERWOOD BLVD. #1702	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HALOWELL, DEE	
STREET ADDRESS	5677 HERAN LANE # 105	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAY, JAMES	
STREET ADDRESS	5652 WHISPERWOOD BLVD # 2204	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DD	<input type="checkbox"/> Delete
NAME	WELSH, RICHARD	
STREET ADDRESS	5689 HERON LANE	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Paiva	
STREET ADDRESS	5656 Whisperwood Blvd. # 2303	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Childress	
STREET ADDRESS	5628 whisperwood Blvd. #1503	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 the empowered.

SIGNATURE:  DATE: 4/27/06 DAYTIME PHONE #: 239 653 9052