


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90087 011 ****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 - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0832363 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SANDCASTLE COMMUNITY MANAGEMENT 1719 TRADE CENTER WAY # 4 NAPLES, FL 34109 | | | | 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 <i>Nancy Winkler</i> | | NANCY WINKLER | | 4/6/07 | |
| Signature typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | VD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FARINA, ROBERT | | | NAME | |
| STREET ADDRESS | 5656 WHISPERWOOD BLVD. # 2304 | | | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 34110 | | | CITY-ST-ZIP | |
| TITLE | DT | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAIVA, DON | | | NAME | |
| STREET ADDRESS | 5656 WHISPERWOOD BLVD. #2303 | | | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 34110 | | | CITY-ST-ZIP | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHILDRESS, RONALD | | | NAME | DST |
| STREET ADDRESS | 5628 WHISPERWOOD BLVD. #1502 | | | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 34110 | | | CITY-ST-ZIP | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAY, JAMES | | | NAME | |
| STREET ADDRESS | 5652 WHISPERWOOD BLVD # 2204 | | | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 34110 | | | CITY-ST-ZIP | |
| TITLE | DD | <input type="checkbox"/> Delete | | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELSH, RICHARD | | | NAME | SD |
| STREET ADDRESS | 5689 HERON LANE | | | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 34110 | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | 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 like empowered. | | | | | |
| SIGNATURE: DON PAIVA <i>Don Paiva</i> | | 4/6/07 | | 239-596-7200 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |