## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCLIMENT # N09000001202



1. Entity Name CYPRESS COVE/FEATHER SOUND CLUBHOUSE ASSOCIATION, INC.							04-23-2007	90087 0	11 ****61.	.25
C/O SANDCASTLE COMMUNITY MGMT. C/O S 1719 TRADE CENTER WAY # 4 P.O.			Mailing Address C/O SANDCASTLE CO P.O. BOX 8478 NAPLES, FL 34101	) SANDCASTLE COMMUNITY MGMT. ). BOX 8478					21 <b>288</b> 21111 <b>82</b> 118 128	<b>    </b>
			3. Mailing Address					i i		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03212007	Chg-NP	CR2E(	037 (12/06)	
City & State			City & State			4. FEI Numbe 65-083				plied For t Applicable
Zip Country		Zip Co		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New	Registered	Agent	
SANDCASTLE COMMUNITY MANAGEMENT					Name Street Address (P.O. Box Number is Not Acceptable)					
1719 TRADE CENTER WAY # 4 NAPLES, FL 34109					Street Address (F.O. Box Number is Not Acceptable)					
					City		·	F	Zip Code	
The above named entity submits this statement for the purpose of changing its registered office or register						gistered agent or bo	th, in the State of F		<b>=</b>	and accept
the obligati	ions of regist	ered agent.		. /		1 ,	_	/.	1.	
SIGNATURE	Signature; typed	or printed game of registered agent a	nd little if applicable. (N	AOTE: Registered	Ageni Jugnature ri	WINKL C	R	_4/6/ DATE	/07_	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election (	9. Election Campaign Financing Trust Fund Contribution.				Maka cha	ck payable to	
10.		lay 1, 2007	Trust Fun	d Contributio	т. 🗆	\$5.00 May B Added to Fees	·C		artment of St	
		OFFICERS AND DIR		d Contributio	on.	Added to Fees	·C	orida Depa	artment of St	ate
NAME STREET ADDRESS CITY-SI-ZIP		OFFICERS AND DIR	ECTORS Delete	11. TITLE NAME STREE		Added to Fees	Flo	orida Depa	artment of St	ate
NAME STREET ADDRESS	FARINA, I 5656 WHI NAPLES, DT PAIVA, DO 5656 WHI	OFFICERS AND DIR ROBERT SPERWOOD BLVD. #2 FL 34110  ON SPERWOOD BLVD. #2	ECTORS  Delete 2304	11.  IITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS	Added to Fees	Flo	orida Depa	OIRECTORS IN	10
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	FARINA, I 5656 WHI NAPLES, DT PAIVA, DO 5656 WHI NAPLES, SD CHILDRE 5628 WHI	OFFICERS AND DIR ROBERT SPERWOOD BLVD. #2 FL 34110 ON	Delete  Delete  Delete  Delete  Delete  Delete	11.  IITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	Added to Fees	Flo	orida Depa	DIRECTORS IN  Change	10 Addition
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	FARINA, I 5656 WHI NAPLES. DT PAIVA, DO 5656 WHI NAPLES. SD CHILDRE 5628 WHI NAPLES, PD MAY, JAN 5652 WHI	OFFICERS AND DIR ROBERT SPERWOOD BLVD. #2 FL 34110  ON SPERWOOD BLVD. #2 FL 34110  SS. RONALD SPERWOOD BLVD. #1 FL 34110	Delete     Delete	11.  IITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	T ADDRESS ST-ZIP  T ADDRESS SI-ZIP  ADDRESS SI-ZIP  T ADDRESS SI-ZIP	Added to Fees ADDITIONS/CH	Flo	orida Depa	DIRECTORS IN Change Change	10 Addition
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	FARINA, I 5656 WHI NAPLES, DT PAIVA, DO 5656 WHI NAPLES, SD CHILDRE 5628 WHI NAPLES, PD MAY, JAN 5652 WHI NAPLES, DD WELSH, I 5689 HER	OFFICERS AND DIR ROBERT SPERWOOD BLVD. #2 FL 34110  ON SPERWOOD BLVD. #2 FL 34110  SS. RONALD SPERWOOD BLVD. #1 FL 34110  MES SPERWOOD BLVD # 2 FL 34110	Delete     Delete	11.  IITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	Added to Fees ADDITIONS/CH	Flo	orida Depa	artment of St  DIRECTORS IN  ☐ Change  ☐ Change	Addition Addition

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
SIGNATURE AND TYPED OF PRINTED NAMED AND HIS OFFICER OF DIRECTOR

**FILED** 

Apr 23, 2007 8:00 am Secretary of State