2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001302

FILED Feb 25, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

FEI Number: 65-0832363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE: NANCY WINKLER 02/25/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FARINA, ROBERT FARINA, ROBERT Name: Name: 5656 WHISPERWOOD BLVD. # 2304 Address: 5656 WHISPERWOOD BLVD. # 2304 Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: DST () Delete Title: (X) Change () Addition

CHILDRESS, RONALD Name: CHILDRESS, RONALD Name: Address: 5628 WHISPERWOOD BLVD. #1502 Address:

5628 WHISPERWOOD BLVD, #1503 City-St-Zip: NAPLES, FL 34110

NAPLES, FL 34110 City-St-Zip:

Title: PD Title: () Change () Addition () Delete MAY, JAMES Name: Name:

5652 WHISPERWOOD BLVD # 2204 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip:

Title: () Delete Title: SD (X) Change () Addition

Name: WELSH, RICHARD Name: KENDALL, ROLAND 5689 HERON LANE 5697 HERON LANE #605 Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110

Title: () Delete Title: (X) Change () Addition

LEAMAN, DAN BASILE, VINCE Name: Name:

5637 WHISPERWOOD BLVD #601 5685 HERON LANE #306 Address: Address: NAPLES, FL 34110 City-St-Zip: City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MAY PD 02/25/2009