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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90101 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001905			
1. Corporation Name CYPRESS POINTE AT CARLTON LAKES COMMONS, INC.			
Principal Place of Business 2405 PIPER BOULEVARD NAPLES FL 34110		Mailing Address 2405 PIPER BOULEVARD NAPLES FL 34110	



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/30/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3505313	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 25 Country		Zip 29 Country 30		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent SWALM & MURRELL, P.A. 2375 TAMiami TRAIL NORTH SUITE 308 NAPLES FL 33940				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE		☐ Change	☐ Addition
NAME	CLAUSSEN, CHRISTOPHER G			1.2 NAME			
STREET ADDRESS	2405 PIPER BOULEVARD			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34110			1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		2.1 TITLE		☐ Change	☐ Addition
NAME	CLAUSSEN, ROBERT G			2.2 NAME			
STREET ADDRESS	2405 PIPER BOULEVARD			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34110			2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		3.1 TITLE		☐ Change	☐ Addition
NAME	STERLING, JACK			3.2 NAME			
STREET ADDRESS	2405 PIPER BOULEVARD			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34110			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change	☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change	☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **RECEIVED STERLING 12/1/18/99 941-596-9067**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (1/98)