

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001908

FILED
Apr 01, 2010
Secretary of State

Entity Name: CYPRESS POINTE I AT CARLTON LAKES, INC.

Current Principal Place of Business:

ADVANCED PROPERTY MGMNT SERVICES, INC
1035 COLLIER CENTER WAY, #7
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

ADVANCED PROPERTY MGMNT SERVICES, INC
1035 COLLIER CENTER WAY, #7
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 59-3505312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, SUSAN L
ADVANCED PROPERTY MANAGEMENT SERVICE, INC.
1035 COLLIER CENTER WAY, #7
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT
Name: HARTSELL, JULIA
Address: 5335 ANDOVER DR., #101
City-St-Zip: NAPLES, FL 34110

Title: DVP
Name: DISCH, LLOYD
Address: 5300 ANDOVER DRIVE #101
City-St-Zip: NAPLES, FL 34110

Title: DP
Name: TEWS, WALLACE
Address: 5315 ANDOVER DRIVE # 102
City-St-Zip: NAPLES, FL 34110

Title: DS
Name: COHEN, PAULA
Address: 5315 ANDOVER DR. #202
City-St-Zip: NAPLES, FL 34110

Title: D
Name: MURPHY, BILL
Address: 5345 ANDOVER DRIVE #201
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: WALLACE TEWS

DP

04/01/2010

Electronic Signature of Signing Officer or Director

Date