

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006567

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** CYPRESS HAMMOCK AT THE BROOKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

SANDCASTLE COMMUNITY MGMT  
1719 TRADE CENTER WAY #4  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

SANDCASTLE COMMUNITY MGMT  
PO BOX 8478  
NAPLES, FL 34101

**New Mailing Address:**

SANDCASTLE COMMUNITY MGMT  
1719 TRADE CENTER WAY #4  
NAPLES, FL 34109

**FEI Number:** 59-3545703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, BRAD  
1719 TRADE CTR WAY 4  
NAPLES, FL 34109 US

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

MYERS, BRETT HOLTZ & COMPANY  
12671 WHITEHALL DRIVE  
FORT MYERS, FL 33971 US

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: LORI WILSON

04/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SULLIVAN, DONALD  
Address: 9553 CYPRESS HAMMOCK CIR 202  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T  
Name: JAMES, SCHAEFER  
Address: 9677 CYPRESS HAMMOCK CIR #101  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP  
Name: ROBINSON, ROBERT  
Address: 9520 CYPRESS HAMMOCK CIR 102  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S  
Name: LAUDERBACK, CONNIE  
Address: 9576 CYPRESS HAMMOCK CIR 201  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: KESSINGER, MALCOLM  
Address: 9530 CYPRESS HAMMOCK CIR #201  
City-St-Zip: BONITA SPRINGS, FL 34135

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: DONALD SULLIVAN

P

04/21/2011

Electronic Signature of Signing Officer or Director

Date