

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90217 027 \*\*\*\*61.25

<b>DOCUMENT # N99000001459</b> 1. Entity Name <b>CYPRESS PRESERVE OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O APEX MANAGEMENT SERVICES OF LEE COUNTY</b> <b>11595 KELLY RD #110</b> <b>FORT MYERS, FL 33908</b>				Mailing Address <b>C/O APEX MANAGEMENT SERVICES OF LEE COUNTY</b> <b>11595 KELLY RD #110</b> <b>FORT MYERS, FL 33908</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03012007    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-3568442</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>MURRAY, GRACE J</b> <b>C/O APEX MANAGEMENT SERVICES OF LEE COUNTY</b> <b>11595 KELLY RD #110</b> <b>FT MYERS, FL 33908</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MORSE, CHUCK 8837 CYPRESS PRESERVE PLACE FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRUTMAN, CHARLES 8804 CYPRESS PRESERVE PL FORT MYERS FL 33912	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPIEGEL, ELENA 8928 CYPRESS PRESERVE PLACE FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <div style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KNAPP, CHERYL 8801 CYPRESS PRESERVE PLACE FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <div style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PROCE, JIM 8825 CYPRESS PRESERVE PLACE FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <div style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SANDLER, LINDA 8888 CYPRESS PRESERVE PL FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ALCORN, WORTH 8965 CYPRESS PRESERVE PL FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
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.					
<b>SIGNATURE:</b> <i>Cheryl A. Knapp</i> 4-24-07 (239) 437-8400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small> <b>CHERYL A. KNAPP</b>					