

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90356 040 \*\*\*\*61.25

DOCUMENT # N99000001459

1. Entity Name  
CYPRESS PRESERVE OF LEE COUNTY HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business  
C/O APEX MANAGEMENT SERVICES, LEE COUNTY  
11595 KELLY RD #110  
FORT MYERS, FL 33908

Mailing Address  
C/O APEX MANAGEMENT SERVICES, LEE COUNTY  
11595 KELLY RD #110  
FORT MYERS, FL 33908

40085085



2. Principal Place of Business - No P.O. Box #  
27180 Bay Landing Dr  
Suite, Apt. #, etc.  
4

3. Mailing Address  
27180 Bay Landing Dr.  
Suite, Apt. #, etc.  
4

City & State  
Bonita Springs FL

City & State  
Bonita Springs FL

Zip  
34135  
Country  
USA

Zip  
34135  
Country  
USA

04112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3568442  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, GRACE J  
C/O APEX MANAGEMENT SERVICES OF LEE COUNTY  
11595 KELLY RD #110  
FT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name  
John O' Gorman  
Street Address (P.O. Box Number is Not Acceptable)  
Sterling Property Services  
27180 Bay Landing Dr Ste 4  
City  
Bonita Springs FL Zip Code  
34135

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

*[Signature]*

4/23/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
GRUTHAN, CHARLES  
8804 CYPRESS PRESERVE PL  
FORT MYERS, FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
SPIEGEL, ELENA  
8928 CYPRESS PRESERVE PLACE  
FORT MYERS, FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
KNAPP, CHERYL  
8801 CYPRESS PRESERVE PLACE  
FORT MYERS, FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PROCE, JIM  
8825 CYPRESS PRESERVE PLACE  
FORT MYERS, FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ALCORN, WORTH  
8695 CYPRESS PRESERVE PL  
FORT MYERS, FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P. U. Purdy  
8901 Cypress Preserve Pl  
FT Myers FL. 33912 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. Randy Aldieri  
8896 Cypress Preserve Place  
FT Myers FL. 33912 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T. Cindy SALATA  
8852 Cypress Preserve Place  
FT Myers FL. 33912 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S. George HWA  
8905 Cypress Preserve Place  
FT Myers FL 33912 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D. Randy Givler  
8924 Cypress Preserve Place  
FT Myers FL 33912 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D. Jason King  
8817 Cypress Preserve Pl.  
FT Myers FL. 33912 ☒ Change ☐ Addition

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.

SIGNATURE:

*[Signature]*

4/23/08

239947 4552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #