

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001459

FILED  
Mar 30, 2010  
Secretary of State

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

**Current Principal Place of Business:**

STERLING PROPERTY SERVICES  
27180 BAY LANDING DR STE 4  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

STERLING PROPERTY SERVICES  
27180 BAY LANDING DR STE 4  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 59-3568442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O' GORMAN, JOHN  
STERLING PROPERTY SERVICES  
27180 BAY LANDING DR STE 4  
BONITA SPRINGS, FL 34135 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: DP  
Name: ALDIERI, RANDY  
Address: 8896 CYPRESS PRESERVE PL  
City-St-Zip: FORT MYERS, FL 33912

Title: VP  
Name: WALDRON, ANTHONY  
Address: 8972 CYPRESS PRESERVE PL  
City-St-Zip: FORT MYERS, FL 33912

Title: DST  
Name: SALATA, CINDY  
Address: 8852 CYPRESS PRESERVE PL  
City-St-Zip: FORT MYERS, FL 33912

Title: D  
Name: MORSE, CHARLES  
Address: 8837 CYPRESS PRESERVE PL  
City-St-Zip: FORT MYERS, FL 33912

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: RANDY ALDIERI

DP

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date