

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001812

FILED
Apr 23, 2007
Secretary of State

Entity Name: CYPRESS GLEN V CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT
6312 TRAIL BLVD.
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

C/O ABILITY MANAGEMENT
PO BOX 770278
NAPLES, FL 34107

New Mailing Address:

FEI Number: 59-3581667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIVELY, DENNIS F
6312 TRAIL BLVD.
NAPLES, FL 34108 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 () Delete
Name: HOUGHTALING, JOHN
Address: 3245 CYPRESS GLEN WAY #515
City-St-Zip: NAPLES, FL 34109

Title: DVP () Delete
Name: FELL, MARY JANE
Address: 3245 CYPRESS GLEN WAY #519
City-St-Zip: NAPLES, FL 34109

Title: DST () Delete
Name: LINK, RAY
Address: 3245 CYPRESS GLEN WAY # 508
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: AMISANO, FRANK
Address: 3245 CYPRESS GLEN WAY #502
City-St-Zip: NAPLES, FL 34109

Title: DT (X) Change () Addition
Name: LINK, RAY
Address: 3245 CYPRESS GLEN WAY # 508
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN HOUGHTALING

DP

04/23/2007

Electronic Signature of Signing Officer or Director

Date