

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90551 003 ****61.25

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|---|---|---|---|--------------------------------|--|
| DOCUMENT # N99000003165 | | | | | |
| 1. Entity Name CYPRESS COVE AT WILDCAT RUN COMMONS ASSOCIATION, INC. | | | | | |
| Principal Place of Business % PEGASUS PROPERTY MANAGEMENT 17595-100 SOUTH TAMiami TRAIL, SUITE 100 FORT MYERS, FL 33908 | | | Mailing Address % PEGASUS PROPERTY MANAGEMENT 17595-100 SOUTH TAMiami TRAIL, SUITE 100 FORT MYERS, FL 33908 | | |
| %Gulf Breeze Management Services of SW FL, LLC | | | %Gulf Breeze Management Services of SW FL, LLC | | |
| 2. Principal Place of Business 27725 Old 41 Suite, Apt. #, etc. Suite 104 | | | 3. Mailing Address 27725 Old 41 Suite, Apt. #, etc. Suite 104 | | |
| City & State Bonita Springs, FL | | | City & State Bonita Springs, FL | | |
| Zip 34135 | | Country USA | | 4. FEI Number 59-3593356 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent EATON, THOMAS E CAM % PEGASUS PROPERTY MANAGEMENT 17595-100 SOUTH TAMiami TRAIL, SUITE 100 FORT MYERS, FL 33908 | | | | | |
| 7. Name and Address of New Registered Agent Name: Weidner, Ralph L. %Gulf Breeze Management Services of SW FL, LLC Street Address (P.O. Box Number is Not Acceptable) 27725 Old 41 Suite 104 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 <i>Ralph L. Weidner</i> Signature, typed or printed name of registered agent and title if applicable. | | | Ralph L. Weidner (NOTE: Registered Agent signature required when reinstating) | | |
| DATE 4/25/05 | | | DATE | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD CILLUFFO, ANTHONY 20667-202 WILDCAT RUN DR. ESTERO, FL 33928 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD MARTIN, PAT 20655-201 WILDCAT RUN DR. ESTERO, FL 33928 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SCERBAK, JOSEPH 20675-202 WILDCAT RUN DR. ESTERO, FL 33928 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GRAF, BOB 12597 WILDCAT RUN CIRCLE ESTERO, FL 33928 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARRINAN, JOE 12616 WILDCAT COVE CIRCLE ESTERO, FL 33928 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARRINAN, JOE 12616 WILDCAT COVE CIRCLE ESTERO, FL 33928 | <input type="checkbox"/> Delete | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Giullari, Joseph 20663 Wildcat Run Dr., #102 Estero, FL 33928 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Martin, Patricia 20655 Wildcat Run Dr., #201 Estero, FL 33928 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/D Sullivan, Jerry 12508 Wildcat Cove Estero, FL 33928 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D Martin, Terrence F. 20655 Wildcat Run Dr., #201 Estero, FL 33928 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARRINAN, JOE 12616 WILDCAT COVE CIRCLE ESTERO, FL 33928 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARRINAN, JOE 12616 WILDCAT COVE CIRCLE ESTERO, FL 33928 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is 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 <i>Terrence F. Martin</i> 4-25-05 (239) 948-7129 NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Terrence F. Martin Date Daytime Phone # vb | | | | | |