

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90096 050 \*\*\*150.00

**DOCUMENT # P00000114923**

1. Entity Name  
CYPRESS FOUNTAIN BEACH, INC.



Principal Place of Business  
4401 VINELAND ROAD, SUITE A 16-17  
ORLANDO, FL 32811

Mailing Address  
4401 VINELAND ROAD, SUITE A 16-17  
ORLANDO, FL 32811

**20033951**



04082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3686235

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WRIGHT, GREG  
4401 VINELAND RD STE A-16  
ORLANDO, FL 32811

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MCINTYRE, THOMAS E  
STREET ADDRESS 4401 VINELAND RD STE A-16  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D  
NAME WRIGHT, GREG  
STREET ADDRESS 4401 VINELAND RD STE A-16  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D  
NAME IODICE, SAL  
STREET ADDRESS 4401 VINELAND RD STE A-16  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

→ need to be removed.

**DO NOT WRITE  
IN THIS SPACE**

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 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05  
Date

407-838-2001  
Daytime Phone #