

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# N00000006162

Entity Name: CYPRESS GARDENS OF FORT MYERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O HINMAN STRAUB, P.C.  
121 STATE STREET  
ALBANY, NY 12207

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HINMAN STRAUB, P.C.  
121 STATE STREET  
ALBANY, NY 12207

**New Mailing Address:**

FEI Number: 65-1090832      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TRUXTON, BOLANOS P.A.  
12800 UNIVERSITY DRIVE  
SUITE 340  
FORT MYERS, FL 33907

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

TRUXTON, BOLANOS P.A.  
12800 UNIVERSITY DRIVE  
SUITE 350  
FORT MYERS, FL 33907

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: \_\_\_\_\_ 04/29/2004  
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RILEY, PATRICK J  
Address: 121 STATE STREET  
City-St-Zip: ALBANY, NY 12207

Title: D ( ) Delete  
Name: ALDRICH, JOHN  
Address: 121 STATE ST.  
City-St-Zip: ALBANY, NY 122071693

Title: D ( ) Delete  
Name: RILEY, CHRISTINE C  
Address: 121 STATE STREET  
City-St-Zip: ALBANY, NY 12207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 ALDRICH D 04/29/2004  
Electronic Signature of Signing Officer or Director Date