

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90210 040 \*\*\*300.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 228591**  
 1. Corporation Name  
**CYPRESS LAKE REALTY, INC.**

Principal Place of Business 6767 WINKLER RD FT MYERS FL 33919	Mailing Address 6767 WINKLER RD FT MYERS FL 33919
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>10/01/1959</b>	
4. FEI Number <b>59-0969110</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRUBER, JOHN M**  
**1330 MEDINAH DRIVE**  
**FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name	<b>Robert C. Varnum</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>12866 Kedleston Circle</b>
83	
84 City	<b>Fort Myers</b>
85 Zip Code	<b>FL 33912</b>

11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Robert Varnum **Robert C. Varnum, President**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>GRUBER, JOHN M</b>	
STREET ADDRESS	<b>1330 MEDINAH DRIVE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/>
NAME	<b>VARNUM, ROBERT C</b>	
STREET ADDRESS	<b>1925 SE 33RD TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>BELCHER, W G II</b>	
STREET ADDRESS	<b>8783 BANYAN COVE CIRCLE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/>
NAME	<b>GRUBER, JOHN</b>	
STREET ADDRESS	<b>1330 MEDINAH DR.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/>
NAME	<b>STATES, JOHN E</b>	
STREET ADDRESS	<b>6950 OVERLOOK DRIVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Robert C. Varnum</b>		
1.3 STREET ADDRESS	<b>12866 Kedleston Circle</b>		
1.4 CITY-ST-ZIP	<b>Fort Myers, FL 33912</b>		
2.1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Richard Jaycox</b>		
2.3 STREET ADDRESS	<b>4821 S. Landings Drive #205</b>		
2.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>		
3.1 TITLE	<b>Secretary</b>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>W. Gus Belcher, II</b>		
3.3 STREET ADDRESS	<b>8783 Banyan Cove Circle</b>		
3.4 CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>		
4.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>Dana Vidussi</b>		
4.3 STREET ADDRESS	<b>10181 Six Mile Cypress Pkwy "A"</b>		
4.4 CITY-ST-ZIP	<b>Fort Myers, FL 33912</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Varnum **Robert C. Varnum**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)