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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 331258

(4)

1. Corporation Name

CYPRESS GARDENS REALTY, INC.

Principal Place of Business

290 CYPRESS GARDENS BLVD. S E
P.O. BOX 1439
WINTER HAVEN FL 33880

Mailing Address

290 CYPRESS GARDENS BLVD. S E
P.O. BOX 1439
WINTER HAVEN FL 33880-4346



3. Date Incorporated or Qualified

06/13/1968

3a. Date of Last Report

04/30/1996

4. FEI Number

59-1212508

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

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

25

29

30

9. Name and Address of Current Registered Agent

NOLEN, J M
1441 GRAND CAYMAN CIR
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SECKEL, WARREN M	
STREET ADDRESS	506 N LAKE LULU DR	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	
TITLE	VPD	☐ DELETE
NAME	SECKEL, LARRY	
STREET ADDRESS	504 LAKE MARIAM	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	
TITLE	VD	☐ DELETE
NAME	LEIS, GEORGE W	
STREET ADDRESS	700 MIRROR TERR N W	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	
TITLE	STD	☐ DELETE
NAME	NOLEN, J M JR	
STREET ADDRESS	122 LAKE MARIAM WAY	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	
TITLE	PD	☐ DELETE
NAME	NOLEN, J M	
STREET ADDRESS	1441 GRAND CAYMAN CIR	
CITY - ST - ZIP	WINTER HAVEN, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *J. M. Nolen* REQUIRED J. M. NOLEN 3/3/97 941-294-2541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)