

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 14, 1996 08:00 AM
Secretary of State

DOCUMENT # 747951 (2)
1. Corporation Name
CYPRESS LAKES MASTER HOMEOWNERS ASSOCIATION, INC



Principal Place of Business Mailing Address
3445 CYPRESS TRAIL 3445 CYPRESS TRAIL
WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417
US US

3. Date Incorporated or Qualified 07/03/1979 3a. Date of Last Report 01/30/1995
4. FEI Number 59-2538729 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 28 Zip
24 Country 29 Country
25 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE. SOUTH, STE. 600
WEST PALM BEACH FL 33401

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD CAULFIELD, CHARLES P. ☒ DELETE
NAME
STREET ADDRESS 3445 CYPRESS TRAIL
CITY-ST-ZIP WEST PALM BEACH FL
TITLE VD POSNER, ANGELINA ☐ DELETE
NAME
STREET ADDRESS 3445 CYPRESS TRAIL
CITY-ST-ZIP WEST PALM BEACH FL
TITLE TD HANLEY, ROBERT E. ☐ DELETE
NAME
STREET ADDRESS 3445 CYPRESS TRAIL
CITY-ST-ZIP W. PALM BEACH FL
TITLE SD NEVIN, SANDER ☐ DELETE
NAME
STREET ADDRESS 3445 CYPRESS TRAIL
CITY-ST-ZIP W PALM BCH FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME Posner, Angelina
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 Vice President ☐ Change ☒ Addition
5.2 NAME Richard Nielson
5.3 STREET ADDRESS 3445 Cypress Tr
5.4 CITY-ST-ZIP W. Palm Bch, FL
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96

Date

(407) 471-8765

Daytime Phone #

CR2E037 (12/95)