

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. [Signature]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747951 (2)

1. Corporation Name

CYPRESS LAKES MASTER HOMEOWNERS ASSOCIATION, INC



Principal Place of Business

Mailing Address

3445 CYPRESS TRAIL
WEST PALM BEACH FL 33417
US3445 CYPRESS TRAIL
WEST PALM BEACH FL 33417-1033
US3. Date Incorporated or Qualified
07/03/19793a. Date of Last Report
05/14/1996

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

4. FEI Number

59-2538729

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

Richard A. Neilson

1/10/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETENAME RICHARD NIELSON
STREET ADDRESS 3445 CYPRESS TR
CITY-ST-ZIP WEST PALM BEACH FL1.1 TITLE Treasurer ☒ Change ☐ Addition1.2 NAME Richard Neilson
1.3 STREET ADDRESS 3445 CYPRESS TRAIL
1.4 CITY-ST-ZIP W. Palm Beach, FL 33417TITLE P ☒ DELETENAME POSNER, ANGELINA
STREET ADDRESS 3445 CYPRESS TRAIL
CITY-ST-ZIP WEST PALM BEACH FL2.1 TITLE Assistant Secretary ☐ Change ☒ Addition2.2 NAME Beata Smith
2.3 STREET ADDRESS 3445 CYPRESS TRAIL
2.4 CITY-ST-ZIP W. Palm Beach, FL 33417TITLE TD ☐ DELETENAME HANLEY, ROBERT E.
STREET ADDRESS 3445 CYPRESS TRAIL
CITY-ST-ZIP W. PALM BEACH FL3.1 TITLE President ☒ Change ☐ Addition3.2 NAME Robert E. HANLEY
3.3 STREET ADDRESS 3445 CYPRESS TR
3.4 CITY-ST-ZIP W. Palm Beach, FL 33417TITLE SD ☐ DELETENAME NEVIN, SANDER
STREET ADDRESS 3445 CYPRESS TRAIL
CITY-ST-ZIP W PALM BCH FL4.1 TITLE Secretary ☒ Change ☐ Addition4.2 NAME Sander Nevin
4.3 STREET ADDRESS 3445 CYPRESS TR
4.4 CITY-ST-ZIP W. Palm Beach, FL 33417TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE Vice President ☐ Change ☒ Addition6.2 NAME H. R. BANKHEAD
6.3 STREET ADDRESS 3445 CYPRESS TRAIL
6.4 CITY-ST-ZIP W. Palm Bch, FL 33417

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Richard A. Neilson

1/10/97

(561) 471-8765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0038530

CR2E037 (9/96)