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FILED

Feb 16, 1998 8:00 am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 747951 (2)  
1. Corporation Name  
CYPRESS LAKES MASTER HOMEOWNERS ASSOCIATION, INCPrincipal Place of Business  
3445 CYPRESS TRAIL  
WEST PALM BEACH FL 33417  
US  
Mailing Address  
3445 CYPRESS TRAIL  
WEST PALM BEACH FL 33417  
US

3. Date Incorporated or Qualified

07/03/1979

4. FEI Number

59-2538729

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

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 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 TD ☐ DELETENAME RICHARD NIELSON  
STREET ADDRESS 3445 CYPRESS TR  
CITY-ST-ZIP WEST PALM BEACH FL1.1 TITLE President - PD ☒ Change ☐ Addition1.2 NAME Richard Nielson  
1.3 STREET ADDRESS 3445 Cypress Trail  
1.4 CITY-ST-ZIP West Palm Beach, FL 33417TITLE SD ☒ DELETENAME SMITH, BEATA  
STREET ADDRESS 3445 CYPRESS TRAIL  
CITY-ST-ZIP WEST PALM BEACH FL2.1 TITLE Vice President - VP ☐ Change ☒ Addition2.2 NAME Charles Galvagni  
2.3 STREET ADDRESS 3445 Cypress Trail  
2.4 CITY-ST-ZIP West Palm Beach, FL 33417TITLE PD ☒ DELETENAME HANLEY, ROBERT E.  
STREET ADDRESS 3445 CYPRESS TRAIL  
CITY-ST-ZIP W. PALM BEACH FL3.1 TITLE Secretary - SD ☐ Change ☒ Addition3.2 NAME Seymour Leef  
3.3 STREET ADDRESS 3445 Cypress Trail  
3.4 CITY-ST-ZIP West Palm Beach, FL 33417TITLE SD ☐ DELETENAME NEVIN, SANDER  
STREET ADDRESS 3445 CYPRESS TRAIL  
CITY-ST-ZIP W PALM BCH FL4.1 TITLE Treasurer - TD ☒ Change ☐ Addition4.2 NAME NEVIN, Sander  
4.3 STREET ADDRESS 3445 Cypress Trail  
4.4 CITY-ST-ZIP West Palm Beach, FL 33417TITLE VP ☒ DELETENAME BANLHEAD, H.R.  
STREET ADDRESS 3445 CYPRESS TRAIL  
CITY-ST-ZIP WEST PALM BEACH FL5.1 TITLE SD ☐ Change ☒ Addition5.2 NAME Celia Wiener  
5.3 STREET ADDRESS 3445 Cypress Trail  
5.4 CITY-ST-ZIP West Palm Beach, FL 33417TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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 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

Date

Daytime Phone #

0039003

CR2F137 (10/97)