

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

DOCUMENT # 748015 (5)

1. Corporation Name
CYPRESS GATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O SUINBURST MGT CORP P O BOX 7105 NAPLES FL 33941 US
C/O SUINBURST CORP P O BOX 7105 NAPLES FL 33941 US

3. Date Incorporated or Qualified **07/10/1979** 3a. Date of Last Report **05/01/1995**

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 Country
24 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-2021822** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUETER, BEVERLY
C/O SUINBURST MGT CORP
2079 J & C BLVD
NAPLES FL 33942**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP - SHEPARD, BOB	1.2 NAME	VP, D Goff, Ralph
STREET ADDRESS	85 ST ANDREWS BLVD 100	1.3 STREET ADDRESS	75 ST. ANDREWS BLVD. #103
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	NAPLES, FL. 33962
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD KITCHEN, FORREST	2.2 NAME	
STREET ADDRESS	95 ST ANDREWS BLVD. #111	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33962	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD HARDOW, BUD	3.2 NAME	
STREET ADDRESS	85 ST ANDREWS BLVD. #205	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD - LEVERENZ, MELVIN	4.2 NAME	D OLDHAM, HARRY
STREET ADDRESS	85 ST ANDREWS BLVD 100	4.3 STREET ADDRESS	95 ST. ANDREWS BLVD. #309
CITY - ST - ZIP	NAPLES FL 33962	4.4 CITY - ST - ZIP	NAPLES, FL. 33962
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D - SCHIAVONE, LOUIS	5.2 NAME	T. D
STREET ADDRESS	75 ST ANDREWS BLVD 203	5.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33962	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Bud Hardow* 2/5/96 94/591-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)