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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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May 01 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name 748015

(5)

## CYPRESS GATE CONDOMINIUM ASSOCIATION, INC.

	·												
Principal Place	e of Business	Mailing	g Address							19 \$4910 MAIN! ILAI	#151 #1611 #1		. 41411.51411.1541
C/O SUINBUR	ST MGT CORP	C/O \$	SUNBURST CORP				1						
P O BOX 7105			OX 7105										
NAPLES FL 33941 US			NAPLES FL 34101-7105 US					3. Date	Incorporated	or Qualified	3a. Da	ate of Last	Report
US		00							Incorporated 07/10/197	9		of Last 04/29/	1996
2. Principal Pl	ace of Business	2a. Ma	iling Address				4	I. FEI N	lumber	•			pplied For
21		26							<del>59-202182</del>	2			lot Applicabl
Suite, Apt.	#, etc.		ite, Apt. #, etc.					5. Certif	licate of Statu	s Desired		<b>*</b> • • • •	Additional
22		27											Required
City & State	3	— — ·	y & State				6		ion Campaign	w w			May Be
<b>23</b>	28     Country   Zip			Country					Fund Contrib		<u> </u>		to Fees
24	25	29	,	30	12. 3		l °		corporation ha la Statutes	as nationary for	intangibie ∐Yes [	No.	8. 199.032,
24	9. Name and Address of Curren		d Agent	1301	_		10		e and Addres				
			<del></del>		81	Name					<del></del>	<del></del>	<del></del>
KUFTER	R, BEVERLY				82	Chart	Address	/D O D	ox Number is	Not Accords	blot		
	INBURST MGT CORP				92	Street	Auuless (	(F.U. B	DX MUNIDO IS	NOI ACCEPIA	nie)		
	& C BLVD			ĺ	B3	······································			· · · · · · · · · · · · · · · · · · ·				
	FL 33942			ì	84	City		·····	···········			<b>85</b> Zig	Code
				ļ	- 1	-					FL	. 1	
11. Pursuant	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1	508, Florida Statu	ites, the at	ονο	-named	corporati	ion sub	mits this state	ment for the	purpose of	changing	its registered
office of r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Fiorida. Sations of, Se	such change was ection 617.0503, F	lorida Stat	utes	ine con	poration s	Doard	or directors. I	nereby acce	bi iue abb	OMEMBER 8	iz teðisreren
CICNIATURE				•									
	Signature, typed or printed name of registered age-			TE: Registered	Age	nt signature	required wh				DATE	, mineae	
12.	OFFICERS AND	DIRECTO	RS DELETE	13.			- 6		IONS/CHANG	SES TO OFFI	CERS AND	Change	
TITLE	OOKE DALDH		TT DEFENE	1.1 10			g,s					CHAINE	Hantin
NAME	GOFF, RALPH 75 ST. ANDREWS BLVD., #1	No.		1.2 NA			,						
STREET ADDRESS	NAPLES FL	00				ADDRESS	1						
CITY-ST-ZIP TITLE	<del>30</del> -	<del></del>	DELETE	1.4 CI 2.1 TI		1 - ZIP	P, T.	<u></u>			<u> </u>	☐ Change	Additio
NAME	KITCHEN, FORDEST		pag secure	2.2 N				, <del>L</del>	0-1-0	4			
STREET ADDRESS	95 ST ANDREWS BLVD. #11	1_				ADDRESS	Shel	1441	Rober NARIENO:	101.5	#108		
CHY-ST-ZIP	NAPLES FL-83982	•		2.40			100	voled	inanceon	DIVW	, ,		
THILE	- <del>PD</del> -		DELETE	3.1 71			7.9V	5	1		····	Change	Additio
NAME	-HARDOW, BUD		•	3.2 NA	ME		WIN	ter-	lops, Vel	LD	_		
STREET ADDRESS	85 ST ANDREWS BLVD. #20	5.		3.3 ST	REET	ADDRESS	15 3	st. A	Notions	BIND.	100		
CITY-S1-ZIP	NAPLES FL-			3.4. C	TY-S	T-ZIP	NAM	'lee	FL.	·			
TITLE	<del>-D</del> -	*******	☐ DELETE	4.1 Til	LE		2,9V	)	)			Change	Additio
NAME	OLDHAM, HARRY			4. 2 N	AMÉ								
STREET ADDRESS	95 ST. ANDREWS BLVD, #30	99		4.3 ST	REET	ADDRESS							
CITY-ST-ZIP	NAPLES FL		<u></u>	4.4 CI	TY - \$	T-ZIP				····			
TITLE	<del>-10</del> -		DELETE	5.1 Til	LE		0					Change	Additio
NAME	SCHIAVONE, LOUIS			5.2 NA	ME								
STREET ADDRESS	75 ST ANDREWS BLVD 203			5.3 ST	REET	ADDRESS							
CITY-ST-ZIP	NAPLES FL	<del> </del>	AFI FYE	5.4 CI		T-ZIP	<del></del>					T 25	
TITLE			DELETE	6.1 Tr								∐ Change	Addition
NAME				6.2 N/			ļ						
STREET ADDRESS						ADDRESS	1						
CITY-ST-ZIP	by certify that the information symplici	d with this f	iling does not gue	64 CI			stated in 5	Section	119 07/31/0	Torida Statut	es I furthe	r certify th	at the
informatio	by certify that the information supplied on indicated on this annual report or s	upplement	al annual report is	true and a	icci	rate and	that my	signatu	re shall have	the same leg	al effect a	s if made (	inder oath; th
i am an o appears i	flicer or director of the corporation or n Block 12 or Block 13 if changed, o	on an arta	rror trustee empo chment with ab ac	jwereu to e ddress.	XBC		beex		DELA .	KAS.	១ដេលេខេន្ត; ខ /	nain)	riante
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