FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:41

DOCUMENT # 750236 (2)

1. Corporation Name

CYPRESS BEND HOMEOWNERS ASSOCIATION OF COUNTRYSIDE, INC.

Principal Place of Business	Mailing Address
2786 PEACHTREE CIR. CLEARWATER FL 34621 US	2786 PEACHTREE CIR. CLEARWATER FL 34621 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1979
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2455796 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 2786 Peachtree Cir.	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Clearwater Fl.	28 City & State
24 Zip: 34621	25 Country: U.S.A.
29 Zip	30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
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
DOYLE, JACK 2786 PEACHTREE CIR. CLEARWATER FL 34621	01 Name: DOYLE, JACK 02 Street Address (P.O. Box Number is Not Acceptable): 2786 PEACHTREE CIR 03 04 City: CLEARWATER FL 05 Zip Code: 34621

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Jack Doyle — 4/8/95
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	P	11 TITLE	☐ Change ☐ Addition
NAME	DOYLE, JACK	12 NAME	
STREET ADDRESS	2786 PEACHTREE CIR.	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	S ☒ Change ☒ Addition
NAME	~~ALTAMURA, RAY~~	22 NAME	VETTAW, DENICE
STREET ADDRESS	~~2831 WINDINGWOOD DR.~~	23 STREET ADDRESS	2508 HOLLYHOCK CT
CITY-ST-ZIP	~~CLEARWATER, FL 00000~~	24 CITY-ST-ZIP	CLEARWATER, FL 34621
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SIMPSON, CLYDE T.	32 NAME	
STREET ADDRESS	2519 DOGWOOD CT.	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	HARBIG, NEIL	42 NAME	
STREET ADDRESS	2673 PEACHTREE CIR.	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 0	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	~~BARKER, JOHN~~	52 NAME	WESTMORELAND, JAMES
STREET ADDRESS	~~2613 CYPRESS BEND DR.~~	53 STREET ADDRESS	2510 CYPRESS BEND E
CITY-ST-ZIP	~~CLEARWATER, FL 00000~~	54 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	D	61 TITLE	D ☒ Change ☒ Addition
NAME	~~JIRACEK, ALICIA~~	62 NAME	GANS, PHILLIP
STREET ADDRESS	~~2540 DOGWOOD CT.~~	63 STREET ADDRESS	2517 HICKORY CT
CITY-ST-ZIP	~~CLEARWATER, FL 00000~~	64 CITY-ST-ZIP	CLEARWATER FL 34621

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)(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: Jack Doyle, Pres. — 4/8/95 — 813 796-0717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084800