

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name:

750234
CYPRESS BEND HOME OWNERS
ASSOCIATION

Principal Place of Business

Mailing Address

2673 PEACHTREE CIRCLE
CLEARWATER, FL 34621

3. Date Incorporated or Qualified

1979

3a. Date of Last Report

4/8/95

2. Principal Place of Business

2a. Mailing Address

21 2673 PEACHTREE CIRCLE

26 2673 PEACHTREE CIR

4. FEI Number

59-2455796

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CLEARWATER

27

City & State

City & State

23 CLEARWATER FL

28 CLEARWATER FL

Zip

Country

Zip

Country

24 34621

25 USA

29 34621

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACK DOYLE
2786 PEACHTREE CIRCLE
CLEARWATER FL 34621

81 Name

NEIL HARBIG PRESIDENT

82 Street Address (P.O. Box Number is Not Acceptable)

2673 PEACHTREE CIRCLE

83

84 City

CLEARWATER FL 34621 FL

85 Zip Code

34621

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 NEIL HARBIG

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT ☐ DELETE
NAME	NEIL HARBIG
STREET ADDRESS	2673 PEACHTREE CIRCLE
CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	VICE PRESIDENT ☐ DELETE
NAME	MARY ELLEN SULLIVAN
STREET ADDRESS	2781 COTTONWOOD CT
CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	TREASURER ☐ DELETE
NAME	CLYDE T. SIMPSON
STREET ADDRESS	2519 DOGWOOD CT
CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	SECRETARY ☐ DELETE
NAME	BARBARA LEWIS
STREET ADDRESS	8585 WINDING WOOD DR
CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	DIRECTOR ☐ DELETE
NAME	JANE BARKER
STREET ADDRESS	2613 CYPRESS BEND DR
CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	DIRECTOR ☐ DELETE
NAME	JAN PHIPPS
STREET ADDRESS	2521 CYPRESS BEND DR
CITY-ST-ZIP	CLEARWATER FL 34621

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR ☐ Change ☐ Addition
12 NAME	JACK DOYLE
13 STREET ADDRESS	2786 PEACHTREE CIRCLE
14 CITY-ST-ZIP	CLEARWATER FL 34621
21 TITLE	DIRECTOR ☐ Change ☐ Addition
22 NAME	PHILLIP GANS
23 STREET ADDRESS	2517 HICKORY CT
24 CITY-ST-ZIP	CLEARWATER FL 34621
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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AEB

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: Clyde T. Simpson, Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/96 813-796-7017
Date Daytime Phone #

CR2E037 (12/95)