

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

DOCUMENT # 758735 (5)

1. Corporation Name

CYPRESS RUN GOLF CLUB, INC.

Principal Place of Business

**2669 ST. ANDREWS BLVD.
TARPON SPRINGS FL 34689-6310**

Mailing Address

**2669 ST. ANDREWS BLVD.
TARPON SPRINGS FL 34689-6310**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1981

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2121717

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

**REESE, MICHAEL K.
696 1ST AVE. N.
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

**DURDAN, WILLIAM H
641 TURNBERRY CT
TARPON SPRGS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD

**KATCHUK, KERRY
511 FAYETTE CIRCLE N
SAFETY HARBOR FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD

**MOLLOY, EARL F
2600 ST ANDREWS BLVD
TARPON SPRINGS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

**AMBROSIO, STEVEN F
9540 DANTILL DR
NEW PORT RICHEY FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

**STILL, WILLIAM R
1046 ROYAL TROON CT
TARPON SPRINGS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**BOONE, DARLO
3683 EXECUTIVE DRIVE
PALM HARBOR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PD

**Richards, Tom
2670 St. Andrews Blvd.
Tarpon Springs, FL 34689**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

VPD

**Still, William R.
1046 Royal Troon Ct.
Tarpon Springs, FL 34689**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TD

**Molloy, Earl F.
2600 St. Andrews Blvd.
Tarpon Springs, FL 34689**

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

SD

**Schwartz, Herbert
2922 St. Andrews Blvd.
Tarpon Springs, FL 34689**

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

D

**Boone, Darlo
3683 Executive Drive
Palm Harbor, FL 34685**

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D

**Buettner, Robert
2545 Royal Liverpool Dr.
Tarpon Springs, FL 34689**

☐ Change ☐ Addition

14. I declare hereby that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.03(4), Florida Statutes. I further certify that the information included in 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 or changing, or on an attachment with an address.

SIGNATURE:

Tom Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tom Richards 4-5-95 (813)-938-3774

President

758735

Additional Governors

D
Chipouras, Peter A.
161 Annwood Road
Palm Harbor, FL 34685

Addition

D
Durdan, William H.
641 Turnberry Ct.
Tarpon Springs, FL 34689

Change

D
McAdams, William F.
390 Old Oak Circle
Palm Harbor, FL 34683

Addition

D
Nagel, Steven H.
1121 Royal Troon Ct.
Tarpon Springs, FL 34689

Addition

D
Yung Jack
2755 St. Andrews Blvd.
Tarpon Springs, FL 34689