FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 750274

(4)

CYPRESS POINT VILLAS ASSOCIATION, INC. Principal Place of Business Mailing Address Mailing Address Mark-Eye Management 3901 N FEDERAL HIGHWAY. STE 202 BOCA RATON FL 33431 BOCA RATON FL 33431								
					3. Date Incorporated or Qualified 07/23/1981	3a. Da	ate of Last 04/03/1	
. Principal P]	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2164750		—	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						Not Applicabl Additional
	-	27			Certificate of Status Desired			Required
City & Stat	te	City & State			6. Election Campaign Financing			O May Be
L - Zip	Country	Z ip	Countr	v	Trust Fund Contribution			d to Fees
	25	29	30	,	B. This corporation has liability for it Florida Statutes	intangible ta □ Yes □		199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R		<u> </u>	<u></u> -
			81	Name				
Patti, Paul n. %Hawk-eye management			82	2 Street Ado	dress (P.O. Box Number is Not Acceptab	ess (P.O. Box Number is Not Acceptable)		
	FEDERAL HIGHWAY, STE 202		83	'				
BOUA I	RATON FL 33431		84	City		FL	85 Zip	Code
ia/niiar w	to the provisions of Sections 617,0502 red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	2 and 617.1508, Florida Statu da. Such change was authori ion 617.0503, Florida Statute	ites, the above- ized by the corp is.	-named corpo poration's boa	oration submits this statement for the pur and of directors. I hereby accept the appo		anging its registered	egistered offi agent. t am
 Pursuant or registe familiar w GNATURE 	to the provisions of Sections 617,0502 red agent, or both, in the State of Flori fith, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS AN	and little if applicable.	ites, the above- zed by the corps. OTE Registered Age			pose of cha pintment as		
GNATURE 2,	Signature typod or printed name of registered agent OFFICERS AN	and little if applicable.	S. OTE: Registered Age		ed when reinstating)	pose of cha pintment as DATE ICERS AND		
GNATURE LE	Signature typed or printed name of registered agent OFFICERS ANI PD REYER, JERRY	and little if applicable. (ND DIRECTORS	OTE: Registered Age 13. 1.1 TIBLE 1.2 NAME	ant signature require	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIRECTO	RS IN 12
GNATURE LE ME REET ADDRESS	Signature typed or printed name of registered agent OFFICERS ANI PD REYER, JERRY 20493 LINKSVIEW WAY	and little if applicable. (ND DIRECTORS	OTE: Rog-stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ant signature require	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIRECTO	RS IN 12
GNATURE LE ME REET ADDRESS Y-ST-ZIP	Signature: typed or printed name of registered agent OFFICERS ANI PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434	and title if applicable. (ND DIRECTORS	OTE: Rog-stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ant signature require	ed when reinstating)	pose of cha bintment as DATE ICERS AND	DIRECTO Change	RS IN 12
GNATURE ! LE ME REET ADDRESS Y-ST-ZIP LE	Signature typed or printed name of registered agent OFFICERS ANI PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D	and little if applicable. (ND DIRECTORS	OTE: Rog-stered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS ST-ZIP	ed when reinstating)	pose of cha bintment as DATE ICERS AND	DIRECTO	RS IN 12
SNATURE E ME ME ME ME ME ME ME ME M	Signature: typed or printed name of registered agent OFFICERS ANI PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434	and title if applicable. (ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	T ADDRESS ST-ZIP	ed when reinstating)	pose of cha bintment as DATE ICERS AND	DIRECTO Change	RS IN 12
GNATURE LE ME ME STEET ADDRESS Y-ST-ZIP LE ME ME ME	Signature typod or printed name of registered agent OFFICERS ANI PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT	and life if applicable. (N D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	T ADDRESS S1-ZIP	ed when reinstating)	pose of cha bintment as DATE ICERS AND	DIRECTO Change	RS IN 12
GNATURE J. J. J. J. J. J. J. J. J. J	Signature typod or printed name of registered agent PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD	and title if applicable. (ND DIRECTORS	13. 1.1 TIBLE 1.2 NAME 1.3 STREE 1.4 CITY-2.1 TIBLE 2.2 NAME 2.3 STREE 2.3 STREE	T ADDRESS S1-ZIP	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIRECTO Change	RS IN 12 Addition Addition
GNATURE C. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME ME ME ME ME ME ME ME	Signature typod or printed name of registered agent OFFICERS ANI PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA	and life if applicable. (N D DIRECTORS DELETE	13. 1.1 TIGLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIGLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TIGLE 3.2 NAME	T ADDRESS ST-ZIP	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIFIECTO ☐ Change ☐ Change	RS IN 12 Addition Addition
GNATURE LE ME	Signature typod or printed name of registered agent PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA 20477 LINKSVIEW WAY	and life if applicable. (N D DIRECTORS DELETE	13. 1.1 TIBLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIBLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TIBLE 3.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIFIECTO ☐ Change ☐ Change	RS IN 12
GNATURE 2. LE MME REET ADDRESS Y-ST-ZIP LE MME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	Signature typod or printed name of registered agent PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA 20477 LINKSVIEW WAY BOCA RATON FL 33434	and title if applicable. (N D DIRECTORS DELETE DELETE	13. 1.1 TIBLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIBLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TIBLE 3.2 NAME 3.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIFIECT C Change Change Change	RS IN 12 Addition Addition Addition
GNATURE	Signature, typod or printed name of registered agent PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA 20477 LINKSVIEW WAY BOCA RATON FL 33434 D	and life if applicable. (N D DIRECTORS DELETE	13. 1.1 TIGLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIGLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TIGLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TIGLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIFIECTO ☐ Change ☐ Change	RS IN 12 Addition Addition
GNATURE E. LE ME REET ADDRESS Y-ST-ZIP LE ME	Signature, typod or printed name of registered agent PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA 20477 LINKSVIEW WAY BOCA RATON FL 33434 D RAY, HERBERT	and title if applicable. (N D DIRECTORS DELETE DELETE	13. 1.1 TIBLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIFIECT C Change Change Change	RS IN 12 Addition Addition Addition
GNATURE EEEEEEEEE .E	Signature, typod or printed name of registered agent PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA 20477 LINKSVIEW WAY BOCA RATON FL 33434 D	and title if applicable. (N D DIRECTORS DELETE DELETE	13. 1.1 TIBLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIFIECT C Change Change Change	RS IN 12 Addition Addition Addition
GNATURE E .ME .EEET ADDRESS Y-ST-ZIP .E .ME .EEET ADDRESS Y-ST-ZIP .E .ME .EEET ADDRESS Y-ST-ZIP .E .ME .EEET ADDRESS AE .EET ADDRESS AE .EEET ADDRESS	Signature typed or printed name of registered agent OFFICERS ANI PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA 20477 LINKSVIEW WAY BOCA RATON FL 33434 D RAY, HERBERT 20555 LINKSVIEW WAY BOCA RATON FL 33434 VPD	and title if applicable. (N D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIFIECT C Change Change Change	RS IN 12 Addition Addition Addition
GENATURE J. J. J. J. J. J. J. J. J. J	Signature typed or printed name of registered agent PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA 20477 LINKSVIEW WAY BOCA RATON FL 33434 D RAY, HERBERT 20555 LINKSVIEW WAY BOCA RATON FL 33434 VPD HARTZBAND, HARRY	Tand little if applicable. (N D DIRECTORS DELETE DELETE	13. 1.1 TIBLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TIBLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TIBLE 3.2 NAME 3.3 STREE 4.1 TIBLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TIBLE 4.2 NAME 4.3 STREE 4.4 CITY-	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIRECT C Change Change Change Change	RS IN 12 Addition Addition Addition
ENATURE J. E. ME EET ADDRESS (-ST-ZIP) E EET ADDRESS	Signature typed or printed name of registered agent OFFICERS ANI PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA 20477 LINKSVIEW WAY BOCA RATON FL 33434 D RAY, HERBERT 20555 LINKSVIEW WAY BOCA RATON FL 33434 VPD HARTZBAND, HARRY 20434 LINKSVIEW DR	Tand little if applicable. (N D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP	ed when reinstating)	pose of cha pintment as DATE ICERS AND	DIRECT C Change Change Change Change	RS IN 12 Addition Addition Addition
BNATURE .E. .E. .E. .E. .E. .E. .E.	Signature typed or printed name of registered agent PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA 20477 LINKSVIEW WAY BOCA RATON FL 33434 D RAY, HERBERT 20555 LINKSVIEW WAY BOCA RATON FL 33434 VPD HARTZBAND, HARRY	Tand little if applicable. (ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 5.4 CITY- 5.5 TITLE 5.5 NAME 5.6 STREE 5.6 CITY-	T ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP	ed when reinstating)	pose of characteristics of chara	DIRECT C Change Change Change Change	RS IN 12 Addition Addition Addition Addition
SALATURE J. J. J. J. J. J. J. J. J. J	Signature typed or printed name of registered agent OFFICERS ANI PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA 20477 LINKSVIEW WAY BOCA RATON FL 33434 D RAY, HERBERT 20555 LINKSVIEW WAY BOCA RATON FL 33434 VPD HARTZBAND, HARRY 20434 LINKSVIEW DR	Tand little if applicable. (N D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	T ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP	ed when reinstating)	pose of characteristics of chara	DIRECT C Change Change Change Change	Addition Addition Addition
GNATURE E .ME .EET ADDRESS Y-ST-ZIP .E .ME .EET ADDRESS Y-ST-ZIP .E .ME .EET ADDRESS (-ST-ZIP .E .E .EET ADDRESS (-ST-ZIP .E .E .EET ADDRESS (-ST-ZIP .E	Signature typed or printed name of registered agent OFFICERS ANI PD REYER, JERRY 20493 LINKSVIEW WAY BOCA RATON FL 33434 D ELKINS, ROBERT 20544 LINKSVIEW DR. BOCA RATON FL 33434 STD KINGSLEY, RITA 20477 LINKSVIEW WAY BOCA RATON FL 33434 D RAY, HERBERT 20555 LINKSVIEW WAY BOCA RATON FL 33434 VPD HARTZBAND, HARRY 20434 LINKSVIEW DR	Tand little if applicable. (ND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP I ADDRESS S1-ZIP	ed when reinstating)	pose of characteristics of chara	DIRECT C Change Change Change Change	RS IN 12 Addition Addition Addition Addition

SIGNATURE:

MON MONTH TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR

3/19/9 6 Daytine Prione #