

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 759274 (4)**

1. Corporation Name  
**CYPRESS POINT VILLAS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
% HAWK-EYE MANAGEMENT 3901 N FEDERAL HIGHWAY, STE 202 BOCA RATON FL 33431	% HAWK-EYE MANAGEMENT 3901 N FEDERAL HIGHWAY, STE 202 BOCA RATON FL 33431

3. Date Incorporated or Qualified <b>07/23/1981</b>	3a. Date of Last Report <b>04/03/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 [ ]	26 [ ]
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 [ ]	27 [ ]
City & State	City & State
23 [ ]	28 [ ]
Zip	Country
24 [ ]	25 [ ]
Zip	Country
29 [ ]	30 [ ]

4. FEI Number <b>59-2164750</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PATTI, PAUL N.</b> %HAWK-EYE MANAGEMENT 3901 N FEDERAL HIGHWAY, STE 202 BOCA RATON FL 33431				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	[ ]		
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYER, JERRY	1.2 NAME	
STREET ADDRESS	20493 LINKSVIEW WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, ROBERT	2.2 NAME	
STREET ADDRESS	20544 LINKSVIEW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGSLEY, RITA	3.2 NAME	
STREET ADDRESS	20477 LINKSVIEW WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, HERBERT	4.2 NAME	
STREET ADDRESS	20555 LINKSVIEW WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTZBAND, HARRY	5.2 NAME	
STREET ADDRESS	20434 LINKSVIEW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE: *Harry Hartzband* 3/19/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)