## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997

The state of the s



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # 759274

(4)

CYPRESS POINT VILLAS ASSOCIATION, INC.

## **FILED** Apr 10 1997 8:00am Secretary of State

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Principal Plac		Mailing Address							
% HAWK-EYE 3901 N FEDER BOCA RATON	al Highway, Ste 202	% HAWK-EYE MANAGEMER 3901 N FEDERAL HIGHWA BOCA RATON FL 33431-45	Y. STE 202						
. :		DOWN HATCH TE WHAT TOOK			3. Date Incor 07/2	3. Date incorporated or Qualified 3a. Date of Les 07/23/1981 03/25/			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Numbe	9r 4047E0		Applied For	
21		26			59-2	164750		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				ampaign Financing I Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Count	ry	8. This corpo	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes			
	9. Name and Address of Curren	Registered Agent	8	1 Name	10. Name and	Address of New He	gistered Agent		
. DATTI I	DALE AL								
	PAUL N. K-EYE MANAGEMENT	<b>82</b> Stre		2 Street	et Address (P.O. Box Number is Not Acceptable)				
3901 N	FEDERAL HIGHWAY, STE 202		8	3					
BOCA F	RATON FL 33431		. 8	4 City	<del></del>		FL 85	Zip Code	
41 Puzeuant	to the provisions of Sections 617 0500	2 and 617 1508 Florida Statut	es the abo	ve-nameo	corporation submits th	his statement for the o	urnose of changi	no its registered	
office or	to the provisions of Sections 617.0503 registered agent, or both, in the State am familiar with, and accept the oblige	of Florida. Such change was a	authorized I	by the cor	poration's board of dire	ectors. I hereby accep	t the appointmen	nt as registered	
	atti lattillat witti, atto accept the obliga	adons of, adolion of 7.0000, Th	orida otatut	co.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered A	gent signatur	required when reinstating)	,	DATE		
12.	OFFICERS AND		13.		ADDITIONS	CHANGES TO OFFIC			
TITLE	PD	X DELETE	1.1 TITLE		President		Cha	nge 💹 Addition	
NAME	REYER, JERRY		1.2 NAM	E		Mark _	DOWA	[3	
STREET ADDRESS	20493 LINKSVIEW WAY		1	et address	HABERMAN, 20394 Lin Boca Rato	ksview Way n. FL 333	DRIVE_	į.	
CITY-ST-ZIP	BOCA RATON FL 33434	DELETE	1.4 CITY				☐ Cha	nge Addition	
TITLE	ELKINS, ROBERT		2.1 TITLE				0//0	inge [ ] Addition	
NAME OTRECT ARCRES	20544 LINKSVIEW DR.		2.2 NAM	et address					
STREET ADDRESS	BOCA RATON FL 33434			-ST-ZIP					
CITY-ST-ZIP	STD	DELETE	3.1 TITLE				☐ Cha	nge Addition	
NAME	KINGSLEY, RITA		3.2 NAM					_	
STREET ADDRESS	20477 LINKSVIEW WAY			ET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33434		3.4. CITY	-ST-ZIP					
TITLE	D	DELETE	4.1 TITLE				☐ Cha	nge Addition	
NAME	RAY, HERBERT		4. 2 NAM	IE				1	
STREET ADDRESS	20555 LINKSVIEW WAY		4.3 STRE	et address					
CITY-ST-ZIP	BOCA RATON FL 33434		4.4 CITY	-ST-ZIP					
TITLE	VPD	☐ DELETE	5.1 TITLE				☐ Cha	nge 🔲 Addition	
NAME	HARTZBAND, HARRY		5.2 NAM						
STREET ADDRESS	20434 LINKSVIEW DR			et address					
CITY-ST-ZIP	BOCA RATON FL 33434	DELETE	5.4 CITY				Cha	nge Addition	
TITLE		☐ DETELE	6.1 TITLE				L. Cha	ngo [] Audition	
NAME			6.2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	by certify that the information supplied	Luith this filing does not quali	6.4 CITY		tated in Section 119.0	7/3Vi). Florida Statuter	s. I further certify	that the	

Information indicated on this annual roport 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. 4/,190