FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

**FILED
Mar 26 1998 8:00am
Secretary of State**

DOCUMENT # 759274   (4)

1. Corporation Name

CYPRESS POINT VILLAS ASSOCIATION, INC.

Principal Place of Business

% HAWK-EYE MANAGEMENT
3901 N FEDERAL HIGHWAY. STE 202
BOCA RATON FL 33431

Mailing Address

% HAWK-EYE MANAGEMENT
3901 N FEDERAL HIGHWAY. STE 202
BOCA RATON FL 33431

3. Date Incorporated or Qualified
07/23/1981

4. FEI Number
59-2164750   ☐ Applied For   ☐ Not Applicable

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 24	Country 25	Zip 29	Country 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATTI, PAUL N.
%HAWK-EYE MANAGEMENT
3901 N FEDERAL HIGHWAY, STE 202
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City FL 85	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAEBERMAN, MARK	1.2 NAME	
STREET ADDRESS	20394 LINKSVIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ 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 ☐ DELETE	3.1 TITLE	☐ Change ☐ 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 ☐ DELETE	4.1 TITLE	☐ Change ☐ 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 ☒ DELETE	5.1 TITLE	☐ Change ☐ 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	☐ DELETE	6.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	REYER, CORINNE	6.2 NAME	REYER, CORINNE
STREET ADDRESS	20493 LINKSVIEW WAY	6.3 STREET ADDRESS	20493 LINKSVIEW WAY
CITY-ST-ZIP	BOCA RATON, FLA 33434	6.4 CITY-ST-ZIP	BOCA RATON, FL. 33434

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ MARK M. HAEBERMAN 3/20/98   3/17/98 477-1795