

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 # 764429 (7)
1. Corporation Name
CYPRESS LAKES HOMEOWNERS ASSOCIATION VI, INC.



Principal Place of Business: **3445 CYPRESS TRAIL WEST PALM BEACH FL 33417**
Mailing Address: **C/O RAYE SHAYA 5461 JANICE LANE W PALM BCH FL 33417-1065 US**

3. Date Incorporated or Qualified: **08/05/1982**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2617898**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **SHAYA, RAYE M 5461 JANICE LN W PALM BCH FL 33417**
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMOLEK, JOSEPH	12 NAME	DONALD PORTER
STREET ADDRESS	5433 GLENDA STREET	13 STREET ADDRESS	5437 GLENDA ST
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	W. Palm Bch, FL 33417
TITLE	VPD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAULFIELD, CHARLES	22 NAME	
STREET ADDRESS	5426 JANICE LN	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANCACCIO, MARY	32 NAME	
STREET ADDRESS	5408 JANICE LANE	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAYA, RAYE	42 NAME	
STREET ADDRESS	5461 JANICE LANE	43 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: Raye Shaya **RAYE SHAYA, TRORS** 3/7/96 407-471-2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)