

8-27-97 B-8252 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 27 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/05/1982	3a. Date of Last Report 03/13/1996
4. FEI Number 59-2617898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26 40 PATRICIA A. HAUG
Sulte, Apt. #, etc.	Sulte, Apt. #, etc.
22	27 5434 GLENDA ST.
City & State	City & State
23	28 W. P. BCH., FL.
Zip	Country
24	25
29 33417	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 HAUG PATRICIA A.
82 Street Address (P.O. Box Number is Not Acceptable) 5434 GLENDA ST.
83 W. P. BEACH,
84 City
FL 85 Zip Code 33417

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 **PATRICIA A. HAUG TO Patricia A. Haug** **8/15/97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMOLEK, JOSEPH	
STREET ADDRESS	5433 GLENDA STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PORTER, DONALD	
STREET ADDRESS	5457 GLENDA STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRANCACCIO, MARY	
STREET ADDRESS	5408 JANICE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHAYA, RAYE	
STREET ADDRESS	5461 JANICE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD DELAPI, PAT
2.3 STREET ADDRESS	3403 THBO WAY
2.4 CITY-ST-ZIP	W. P. BCH., FL 33417
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD HAUG, PATRICIA A.
4.3 STREET ADDRESS	5434 GLENDA ST.
4.4 CITY-ST-ZIP	W. P. BCH., FL 33417
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **Joseph M. Smolek** SIGNATURE REQUIRED

CR2E037 (4/97)