

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 HAUG, PATRICIA, A 5404 GLENDA ST W PALM BCH FL 33417 US
---	---

3. Date Incorporated or Qualified 08/05/1982	
4. FEI Number 59-2617898	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 28 <i>C/o Esther M. Meola</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>3402 Theo Way</i>
City & State 23	City & State 28 <i>W.P. Bch, FL.</i>
Zip 24	Country 30 <i>U.S.</i>

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

9. Name and Address of Current Registered Agent

**HAUG, PATRICIA A
5434 GLENDA ST
W P BEACH FL 33417**

10. Name and Address of New Registered Agent

81 Name MEOLA, ESTHER M.	
82 Street Address (P.O. Box Number is Not Acceptable) 3402 THEO WAY	
83 City & State W. PALM BCH, FL. 33417	
84 City FL	85 Zip Code 33417-1060

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 *Esther Meola TD* (NOTE: Registered Agent signature required when reinstating) **ESTHER MEOLA** DATE **1/19/98**

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	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DELAPI, PAT	
STREET ADDRESS	3403 THEO WAY	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRANCACCIO, MARY	
STREET ADDRESS	5408 JANICE LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAUG, PATRICIA A	
STREET ADDRESS	5434 GLENDA ST	
CITY-ST-ZIP	W PALM BCH 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VITONE, FRANCIS	
1.3 STREET ADDRESS	5496 GLENDA STREET	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33417	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARESCA, PASQUALE	
3.3 STREET ADDRESS	5404 GLENDA STREET	
3.4 CITY-ST-ZIP	WEST PALM BCH, FL. 33417	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MEOLA, ESTHER M.	
4.3 STREET ADDRESS	3402 THEO WAY	
4.4 CITY-ST-ZIP	WEST PALM 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 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 *Francis Vitone* **FRANCIS VITONE** DATE **1/19/98**

CFR2037 (10/97)