

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> 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 <b>3445 CYPRESS TRAIL WEST PALM BEACH FL 33417</b>	Mailing Address <b>C/O HAUG, PATRICIA, A 5404 GLENDA ST W PALM BCH FL 33417 US</b>
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3. Date Incorporated or Qualified <b>08/05/1982</b>	
4. FEI Number <b>59-2617898</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b> <i>C/o Esther M. Meola</i>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b> <i>3402 Theo Way</i>
City & State <b>23</b>	City & State <b>28</b> <i>W.P. Bch, FL.</i>
Zip <b>24</b>	Country <b>30</b> <i>U.S.</i>
Country <b>25</b>	Zip <b>29</b> <i>33417-1060</i>

**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**

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

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 <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>SMOLEK, JOSEPH</b>	
STREET ADDRESS <b>5433 GLENDA STREET</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE
NAME <b>DELAPI, PAT</b>	
STREET ADDRESS <b>3403 THEO WAY</b>	
CITY-ST-ZIP <b>W PALM BEACH FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>BRANCACCIO, MARY</b>	
STREET ADDRESS <b>5408 JANICE LANE</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>HAUG, PATRICIA A</b>	
STREET ADDRESS <b>5434 GLENDA ST</b>	
CITY-ST-ZIP <b>W PALM BCH FL</b>	
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 <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>VITONE, FRANCIS</b>	
1.3 STREET ADDRESS <b>5496 GLENDA STREET</b>	
1.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL. 33417</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>MARESCA, PASQUALE</b>	
3.3 STREET ADDRESS <b>5404 GLENDA STREET</b>	
3.4 CITY-ST-ZIP <b>WEST PALM BCH, FL. 33417</b>	
4.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>MEOLA, ESTHER M.</b>	
4.3 STREET ADDRESS <b>3402 THEO WAY</b>	
4.4 CITY-ST-ZIP <b>WEST PALM BCH, FL. 33417</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
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.

CFR2037 (10/97)