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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 764429

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 ESTHER M. MEOLA
 3402 THEO WAY
 WEST PALM BEACH FL 33417-1060
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 *40 Esther M. Meola*

27 Suite, Apt. #, etc. *3402 Theo Way*

28 City & State *W.P. Bch, Fl. 33417-1060*

29 Zip Country *U.S.A.*

30

3. Date Incorporated or Qualified

08/05/1982

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

9. Name and Address of Current Registered Agent

MEOLA, ESTHER M.
 3402 THEO WAY
 W P BEACH FL 33417

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 *Esther Meola, Inc.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME VITONE, FRANCIS
 STREET ADDRESS 5476 GLENDA STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE VPD DELETE
 NAME DELAPI, PAT
 STREET ADDRESS 3403 THEO WAY
 CITY-ST-ZIP W PALM BEACH FL

TITLE SD DELETE
 NAME MARESCA, PASQUALE
 STREET ADDRESS 5404 GLENDA STREET
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE TO DELETE
 NAME MEOLA, ESTHER M.
 STREET ADDRESS 3402 THEO WAY
 CITY-ST-ZIP W PALM BCH FL 33417

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Francis J. Vitone* FRANCIS J. VITONE *4/12/99* (561) 697-2695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)