

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT

1995 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15610 (1)
Corporation Name

THE LANDINGS ON CYPRESS GREENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O TREASURER 6000 NW 94TH AVE TAMARAC FL 33321
C/O TREASURER 6000 NW 94TH AVE TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1986
3a. Date of Last Report 02/08/1994
4. FEI Number 59-2773626
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

CRAWFORD, LAVENA
6041 NW 91 WAY
6000 NW 94TH AVE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name ED STARK
82 Street Address (P.O. Box Number is Not Acceptable) 9028 NW 60th St.
83
84 City TAMARAC FL 85 Zip Code 33321

I, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 the nature of the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ED STARK 4-26-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	BROAD HEYWOOD	1.1 TITLE PD	SUTERA, TONY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROAD HEYWOOD	1.2 NAME	SUTERA, TONY
STREET ADDRESS	6145 NW 97 AVE	1.3 STREET ADDRESS	9219 NW 66 St.
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE VD	INDUIS, FRANK	2.1 TITLE VD	BAUM, CYNTHIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INDUIS, FRANK	2.2 NAME	BAUM, CYNTHIA
STREET ADDRESS	9280 NW 80 ST	2.3 STREET ADDRESS	6051 90th AVE
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE TD	CRAWFORD, LAVENA	3.1 TITLE TD	STARK, ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, LAVENA	3.2 NAME	STARK, ED
STREET ADDRESS	6041 NW 91 WAY	3.3 STREET ADDRESS	9028 NW 60th St.
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE SD	SELKO, JOANNE	4.1 TITLE SD	SELKO, JOANNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELKO, JOANNE	4.2 NAME	SELKO, JOANNE
STREET ADDRESS	9244 NW 60TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Teller, Rosalie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Teller, Rosalie
STREET ADDRESS		5.3 STREET ADDRESS	9055 1 NW 61st St
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMARAC FL
TITLE		6.1 TITLE	000001833440 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000001833440
STREET ADDRESS		6.3 STREET ADDRESS	-05/22/96--01004--023
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25 5-21-96 OK

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)(h), 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, changed for or an attachment with an address.

SIGNATURE: ED STARK 4-26-96
Signature and typed or printed name of signing officer or director Date Daytime Phone #