

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # N15610 (1) 1. Corporation Name THE LANDINGS ON CYPRESS GREENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

C/O TREASURER
8000 NW 84TH AVE
TAMARAC FL 33321

C/O TREASURER
8000 NW 94TH AVE
TAMARAC FL 33321

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

3. Date incorporated or Qualified	Applied For
06/27/1986	Not Applicable
4. FEI Number	Applied For
59-2773626	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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

TELLER, ROSALIE
9055 NW 61ST STREET
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SUTERA, TONY	
STREET ADDRESS	9219 NW 61ST ST.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DRABIN, LEO	
STREET ADDRESS	6023 NW 91ST AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SP	<input checked="" type="checkbox"/> DELETE
NAME	LAYER, ISABELL	
STREET ADDRESS	6090 NW 90TH AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TELLER, ROSALIE	
STREET ADDRESS	9055 NW 61ST ST.	
CITY-ST-ZIP	TAMARAC 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	TREASURER "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KOLLET, NORMAN	
1.3 STREET ADDRESS	9259 NW 61 ST	
1.4 CITY-ST-ZIP	TAMARAC FL	
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	SECRETARY "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CRAWFORD, LAVENA	
3.3 STREET ADDRESS	6041 NW 91 WAY	
3.4 CITY-ST-ZIP	TAMARAC FL	
4.1 TITLE	PRESIDENT "D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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(9)(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: *Rosalie Teller* ROSALIE TELLER 2/22/98 954 938 8605

CR2E037 (10/97)