

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:01

DOCUMENT # **N15628 (3)**

1. Corporation Name
THE VILLAGES AT CYPRESS CREEK MASTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~4214 W. KENNEDY BLVD. TAMPA FL 33609~~ ~~4214 W. KENNEDY BLVD. TAMPA FL 33609~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/27/1986** 3a. Date of Last Report **04/12/1994**
4. FEI Number **59-2805992** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1411 N. Westshore Blvd** 25 **1411 N. Westshore Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 310** 27 **Suite 310**
City & State City & State
23 **Tampa, Florida** 28 **Tampa, Florida**
Zip Country Zip Country
24 **33607** 25 **Hillsborough** 29 **33607** 30 **Hillsborough**

5. Certificate of Status Desired **\$6.75 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

9. Name and Address of Current Registered Agent
UNIQUE PROPERTY SERVICES INC
~~4214 W. KENNEDY BLVD. TAMPA FL 33609~~

10. Name and Address of New Registered Agent
81 Name **UNIQUE PROPERTY SERVICES, INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **1411 N. Westshore Blvd, Suite 310**
83
84 City **Tampa** 85 Zip Code **FL 33607**

11. 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, 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 607.0505, Florida Statutes.

SIGNATURE *Stacy Y. Elliott* **Stacy Y. Elliott, C.A.M.** DATE **3/6/95**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GEORGE JOHN
STREET ADDRESS	860 CYPRESS VILLAGE BLVD.
CITY-ST-ZIP	RUSKIN FL
TITLE	VPD
NAME	MONTGOMERY, DARRYL
STREET ADDRESS	1013 VENTANA DRIVE
CITY-ST-ZIP	RUSKIN FL
TITLE	D
NAME	RUPERT, ROBERT
STREET ADDRESS	1205 VENTANA DRIVE
CITY-ST-ZIP	RUSKIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 checked="" type="checkbox"/> Addition
1.2 NAME	Miller, Michael	
1.3 STREET ADDRESS	736 1st Street SW	
1.4 CITY-ST-ZIP	Ruskin, Florida 33570	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Allender, Jack	
2.3 STREET ADDRESS	1011 Ventana Dr.	
2.4 CITY-ST-ZIP	Ruskin, Florida 33573	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lewis, Marcy	
3.3 STREET ADDRESS	11111 Biscayne Blvd. Penthouse 52	
3.4 CITY-ST-ZIP	Miami, Florida 33181	
4.1 TITLE		<input 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 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)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, if checked, or in an addendum, not with my address.

SIGNATURE: *Michael Miller* **3-5-95 (813)645-1641**
MICHAEL MILLER, PRESIDENT Date Daytime Phone #