

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N15628 (3)

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



Principal Place of Business
1411 N WESTSHORE BLVD
STE 310
TAMPA FL 33607
US

Mailing Address
1411 N WESTSHORE BLVD
STE 310
TAMPA FL 33607
US

3. Date Incorporated or Qualified 06/27/1986
3a. Date of Last Report 03/22/1995

4. FEI Number 59-2805992
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **25** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent

UNIQUE PROPERTY SERVICES INC
1411 N WESTSHORE BLVD
STE 310
TAMPA FL 33607

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 _____

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

(NOTE: Registered Agent signature required when re-appointing)

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, MICHAEL	
STREET ADDRESS	736 SW FIRST ST	
CITY-ST-ZIP	RUSKIN FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALLENDER, JACK	
STREET ADDRESS	1011 VENTANA DR	
CITY-ST-ZIP	RUSKIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, MARCY	
STREET ADDRESS	11111 BISCAYNE BLVD PENTHOUSE 52	
CITY-ST-ZIP	MIAMI 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	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael Miller	
1.3 STREET ADDRESS	3634 Gaviota Drive	
1.4 CITY-ST-ZIP	Ruskin, FL 33573	
2.1 TITLE	Vice-President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald Rimes	
2.3 STREET ADDRESS	3809 Cardinal Dr.	
2.4 CITY-ST-ZIP	Ruskin, FL 33573	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael Miller	
4.3 STREET ADDRESS	614 Superior Ave, N.W.	
4.4 CITY-ST-ZIP	Cleveland, OH 44113	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with the address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

Daytime Phone # _____

CR2E037 (12/95)