FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17503 (6)

1. Corporation Name

CYPRESS KEEP CONDOMNIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12901-8 MCGREGOR BLVD. 8 FT. MYERS FL 33919 US	12901-8 MCGREGOR BLVD. 8 FT. MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1986
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2773863 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 9411 Cypress Lake Drive	26 9411 Cypress Lake Drive
Suite, Apt. #, etc. 22 Suite #2	Suite, Apt. #, etc. 27 Suite #2
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip / Country 24 33919 / 25 USA	Zip / Country 29 33919 / 30 USA

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

9. Name and Address of Current Registered Agent

BECKER AND POLIAKOFF, P.A.
13515 BELL TOWER DRIVE SUITE 101
FORT MYERS FL 33919

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	SD	☒ Change ☐ Addition
NAME	BRADFORD, PATRICIA	12 NAME	Hassenzahl, Sharon	
STREET ADDRESS	13661 ABBY DR., B5	13 STREET ADDRESS	13741 Downing Lane Q-4	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	PD	21 TITLE		☐ Change ☒ Addition
NAME	MORRIS, RALPH	22 NAME		
STREET ADDRESS	13680 RALEIGH LANE, H1	23 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	33919	
TITLE	TD	31 TITLE		☒ Change ☐ Addition
NAME	KAHRMANN, DONALD C.	32 NAME	Kahrmann, C. Donald	
STREET ADDRESS	13690 RALEIGH LANE, J1	33 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	33919	
TITLE	VPD	41 TITLE		☐ Change ☒ Addition
NAME	NIVERT, FRANK	42 NAME		
STREET ADDRESS	13674 RALEIGH LANE, G2	43 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	33919	
TITLE	ASD	51 TITLE		☐ Change ☒ Addition
NAME	STAMPLEMAN, ROBERT	52 NAME		
STREET ADDRESS	13711 RALEIGH LANE, N4	53 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	33919	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	SIMONS, JOHN P.	62 NAME	Geiger, Darlene	
STREET ADDRESS	13751 DOWNING LANE, R1	63 STREET ADDRESS	13690 Raleigh Lane J2	
CITY-ST-ZIP	FT. MYERS FL	64 CITY-ST-ZIP	Fort Myers, FL 33919	

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)(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: Charles D. Kahrmann Charles D. Kahrmann April 11, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000922