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 # **N17503** **(6)**

1. Corporation Name

CYPRESS KEEP CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9411 CYPRESS LAKE DR SUITE 2 FT MYERS FL 33919 US	9411 CYPRESS LAKE DR SUITE 2 FT MYERS FL 33919 US

3. Date Incorporated or Qualified: **10/24/1986**
3a. Date of Last Report: **04/17/1995**

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

4. FEI Number: **59-2773863** ☐ 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

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: W. W. Schoo Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 9411 Cypress Lake Drive Suite #2
83:
84 City: Fort Myers **FL** 85 Zip Code: 33919

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: _____ William Schoo 4-8-96
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	SD	☐ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	HASSENZAHL, SHARON		1.2 NAME	KATZABA', EILEEN	
STREET ADDRESS	13741 DOWNING LANE 0-4		1.3 STREET ADDRESS	13680 RALEIGH LANE H3	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, RALPH		2.2 NAME		
STREET ADDRESS	13680 RALEIGH LANE, H1		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	KARHMANN, C DONALD		3.2 NAME	DAVIDS, CHARLES	
STREET ADDRESS	13690 RALEIGH LANE, J1		3.3 STREET ADDRESS	13700 RALEIGH LANE L3	
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NIVERT, FRANK		4.2 NAME		
STREET ADDRESS	13674 RALEIGH LANE, G2		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	5.1 TITLE	P D	☒ Change ☐ Addition
NAME	STAMPLEMAN, ROBERT		5.2 NAME	STAMPLEMAN, ROBERT	
STREET ADDRESS	13711 RALEIGH LANE, N4		5.3 STREET ADDRESS	13711 RALEIGH LANE, N4	
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GEIGER, DARLENE		6.2 NAME	SHAKESPEARE, MARY	
STREET ADDRESS	13690 RALEIGH LANE J2		6.3 STREET ADDRESS	13670 ABBEY DRIVE F1	
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-ST-ZIP	FORT MYERS FL 33919	

CR2E037 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Charles Daniels 4-8-96 941-481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #