FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N17503

(6)

CYPRESS KEEP CONDOMINIUM ASSOCIATION, INC.

	LOG NEEL GOIADONNINON A				
Principal Plac	e of Business	Mailing Address		1 14 5 122 5 48 1151 14 15 5 11 11 18 15 16 16 1	WEBS1 #1015 BAUST #F#RF WINS1 WINSS 1884
9411 CYPRESS LAKE DR SUITE 2 FT MYERS FL 33919		9411 CYPRESS LAKE DR Suite 2 Ft Myers FL 33919-4989		Date incorporated or Qualified	3a. Date of Last Report
US		US		10/24/1986	04/11/1996
21	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2773863	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 3	Country		′es ☐ No
<u> </u>	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regis	tered Agent
(81 Name		;
BECKER AND POLIAKOFF, P.A.			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
W. W. SCHOO MANAGEMENT, INC.					
9411 CYPRESS LAKE DR., SUITE #2			83		
FORT M	IYERS FL 33919		84 City		85 Zip Code
44 Durament	to the groupings of Sections 617 050:	2 and 617 1509. Florida Statutos	the shows pamed as	proportion submits this statement for the number	FL S 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.					
	m familiar with, and accept the obliga	itions of, Section 617.0503, Flori	da Statutes.		
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if annicable. (NOTE:)	Registered Agent signature rec	pulsed when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	80	DELETE	1.1 TITLE	VD	Change X Addition
NAME	Katzaban, Eileen		1.2 NAME	C. DONALD KAHRMANN	
STREET ADDRESS	13680 RALEIGH LANE, H3		1.3 STREET ADDRESS	13690 RALEIGH LANE J1	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY - ST- ZIP	FT. MYERS FL 33919]
TITLE	TD	DELETÉ	T	TD	Change 🔀 Addition
NAME	DAVIDS, CHARLES		2.2 NAME	EARL KEGLER	
STREET ADDRESS	13700 RALEIGH LANE L3			13670 ABBIY DRIVE F3	
CITY-ST-ZIP	FT. MYERS FL			FT. MYERS, FL 33919	
TITLE	VPD_	DELFTE		D	Change 🛣 Addition
NAME	NIVERT, FRANK		3.2 NAME	SHARON HASSENZAHL	
STREET ADDRESS	13674 RALEIGH LANE, G2			13741 DOWLING LANE Q4	
CITY-ST-ZIP	FT. MYERS FL		3.4. CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	PD	▼ DELETE	4.1 TITLE	D	Change X Addition
NAME	STAMPLEMAN, ROBERT			RICKIE CARVER	
STREET ADDRESS	13711 RALEIGH LANE, N4		1	13711 RALTIGH LANE N2	
CITY-ST-ZIP	FT. MYERS FL			FT. MYERS, FL 33919	
TITLE	U OLLANGOREA DE ALADA	☐ DELETE		PD	Change Addition
NAME	SHAKESPEARE, MARY		5.2 NAME		
STREET ADDRESS	13670 ABBEY DRIVE, F1		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE .		DELETE	6.1 TITLE		Change Addition
NAME .			6.2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		ì

I do hereby certify that the information supplied with this filing 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 a altachment with an address.

CR2E037 (9/96)

FILED

Apr 15 1997 8:00am

Secretary of State