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FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17503** (6)
1. Corporation Name
CYPRESS KEEP CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 9411 CYPRESS LAKE DR SUITE 2 FT MYERS FL 33919 US	Mailing Address 9411 CYPRESS LAKE DR SUITE 2 FT MYERS FL 33919 US
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3. Date Incorporated or Qualified
10/24/1986

4. FEI Number 59-2773863	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER AND POLIAKOFF, P.A.
W. W. SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DR., SUITE #2
FORT MYERS FL 33919**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KATZABAN, EILEEN	
STREET ADDRESS	13680 RALEIGH LANE, H3	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KAHRMANN, DONALD C	
STREET ADDRESS	13680 RALEIGH LANE J1	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KEGLER, EARL	
STREET ADDRESS	13670 ABBEY DRIVE F3	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HASSENZAHN, SHARON	
STREET ADDRESS	13741 DOWING LANE O4	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAKESPEARE, MARY	
STREET ADDRESS	13670 ABBEY DRIVE, F1	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eileen Katzaban	
1.3 STREET ADDRESS	13680 Raleigh Lane, H3	
1.4 CITY-ST-ZIP	Fort Myers FL	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joanne Hess	
2.3 STREET ADDRESS	13721 Markham Lane O4	
2.4 CITY-ST-ZIP	Fort Myers, FL	
3.1 TITLE	Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rickie Carver	
3.3 STREET ADDRESS	13711 Raleigh Lane N2	
3.4 CITY-ST-ZIP	Fort Myers, FL	
4.1 TITLE	Asst. Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bob Stahlhut	
4.3 STREET ADDRESS	13704 Raleigh Lane M1	
4.4 CITY-ST-ZIP	Fort Myers, FL	
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 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 an attachment with an address.

SIGNATURE: *Mary Shakespeare*

4/18/98

CR2E037 (1097)