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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17503

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/24/1986

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

9. Name and Address of Current Registered Agent

BECKER AND POLIAKOFF, P.A.
 W. W. SCHOO MANAGEMENT, INC.
 9411 CYPRESS LAKE DR., SUITE #2
 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 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

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KATZABAN, EILEEN	
STREET ADDRESS	13680 RALEIGH LANE, H3	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HESS, JOANNE	
STREET ADDRESS	13721 MARKHAM LANE 04	
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 checked="" type="checkbox"/> DELETE
NAME	HASSENZAHN, SHARON	
STREET ADDRESS	13741 DOWING LANE Q4	
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	AT	<input type="checkbox"/> DELETE
NAME	STAHLHUT, BOB	
STREET ADDRESS	13704 RALEIGH LANE M1	
CITY-ST-ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patricia Morgan	
1.3 STREET ADDRESS	13731 Markham Lane P7	
1.4 CITY-ST-ZIP	Fort Myers, FL 33919	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	Ast.S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	C. Donald Kahrman	
4.3 STREET ADDRESS	13690 Raleigh lane, J1	
4.4 CITY-ST-ZIP	Fort Myers, FL 33919	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mary Shakespeare	
5.3 STREET ADDRESS	13670 Abbey Drive F1	
5.4 CITY-ST-ZIP	Fort Myers, FL 33919	
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bob Stahlhut	
6.3 STREET ADDRESS	13704 Raleigh Lane M1	
6.4 CITY-ST-ZIP	Fort Myers, FL 33919	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(b), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/9/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)