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

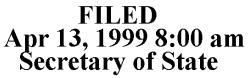
2. Principal Place of Business

Mailing Address

2a. Mailing Address

9411 CYPRESS LAKE DR SUITE 2 FT MYERS FL 33919

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04-13-1999 90079 037 \*\*\*\*61.25

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3. Date Incorporated or Qualifed

21	acc of Dasilious	26			10/24/1986	10/24/1986			
Suite, Apt.					4. FEI Number	Aş	plied For		
22	.,,	27			59-2773863	No	Not Applicable		
City & State	9	City & State			5. Certificate of Status Desired	*****	\$8.75 Additional		
23		28			5. Certifcate of Status Desired	Fee Re	equired		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be		
24	25	29 30			Trust Fund Contribution Added to Fees				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name					
BECKER AND POLIAKOFF, P.A.			82	82 Street Address (P.O. Box Number is Not Acceptable)					
W. W. SCHOO MANAGEMENT, INC.			"	OF CHECK Address (F.C. Box (Idinas) is 1101 / 1000 files)					
9411 CYPRESS LAKE DR., SUITE #2			83						
FORT MYERS FL 33919				0'1		85 Zip	Code		
FORT WITE	C. Bric. Set		84	City		FL  °   Z	Code		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	e-named c	corporation submits this statement for the purpor	se of changing its	registered		
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.									
agent. I a	m familiar with, and accept the obligatio	ns of, Section of A.Obob, Fiorida	a Statutes						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Ager	nt signature req	quired when reinstating) DAT	TE			
12.	OFFICERS AND	<del></del>	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	DRS IN 12		
TITLE	V	☑ DELETE	1.1 TITLE	1	VPD	Change	Addition		
NAME	KATZABAN, EILEEN	•	1.2 NAME		Patricia Morgan				
STREET ADDRESS	13680 RALEIGH LANE, H3		1.3 STREET		13731 Markham Lane P7	7.			
CITY-ST-ZIP	FT. MYERS FL		1,4 CITY-S		Fort Myers, FL 33919				
TITLE	S	☐ DELETE	2.1 TITLE	1	<u> </u>	Change	☐ Addition		
NAME	HESS, JOANNE		2.2 NAME	l					
STREET ADDRESS	13721 MARKHAM LANE 04		2.3 STREET	ADDRESS					
	FT. MYERS FL		2. 4 CITY-S	1	•				
CITY-ST-ZIP TITLE	TD	DELETE	3.1 TITLE		And the second s	Change	☐ Addition		
NAME	KEGLER, EARL		3.2 NAME						
			3.3 STREET	T ADDRESS			ţ		
STREET ADDRESS	FT. MYERS FL	_	3.4. CITY-S		·				
CITY-ST-ZIP		(N) ELETE	4.1 TITLE		Ast.S	Change	XXAddition		
	D COUNTAIN CHARON		4.2 NAME		C. Donald Kahrmann	•	}		
NAME	HASSENZAHL, SHARON				13690 Raleigh lane,	т1	ļ		
STREET ADDRESS					<del>-</del>		ļ		
CITY-ST-ZIP	FT. MYERS FL	☐ DELETE	4.4 CITY-S	3-ZIP	Fort Myers, FL 33919	Change	Addition		
TITLE	PD	C) DELETE	5.1 TITLE 5.2 NAME	I	Director	عو بو <u>ن</u>			
NAME	SHAKESPEARE, MARY				Mary Shakespeare		Ì		
STREET ADDRESS			5.4 CITY-S		13670 Abbey Drive Fl				
CITY-ST-ZIP	FT. MYERS FL	☐ DELETE	6.1 TITLE	1-28	Fort Myers, FL 33919	(Chance	Addition		
TITLE	AT	I' DELETE	6.2 NAME		P D"	(A) Origings			
NAME	STAHLHUT, BOB		B.	T 4 DDDDECC	Bob Stahlhut		Í		
STREET ADDRESS			•	AUDRESS	13704 Raleigh Lane Mi	1	Ì		
CITY-ST-ZIP"	FT MYERS FL		6.4 CITY-S				information		
14.7 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119/07(3)(1), Florida Statutes. Turther certify that the information									

Li I hereby certify that the information supplied with this filing does not qualify for the exemption stated if Section 149/07(3)(f). Florida-Statutes-if further certify that the informatic 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 appears, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4919

Daytime Phone #

CR2F037 (41/98) =