

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY -1 AM 8:47

DOCUMENT # N17804 (8)

1. Corporation Name

CYPRESS POINT OWNERS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6500 MARINER SANDS DRIVE STUART FL 34997-8723

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/14/1986** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-2789787** Applied For Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under § 199.002, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, DANIEL W.
6500 MARINER SANDS DRIVE
STUART FL 34997**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (hand or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **STADLER, VICKIE**
STREET ADDRESS **6500 MARINER SANDS DR.**
CITY - ST - ZIP **STUART FL**

11 TITLE **TD** Change Addition
12 NAME **Stadler, Donald**
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **SD**
NAME **JULIAN, WILLIAM A.**
STREET ADDRESS **6500 MARINER SANDS DR.**
CITY - ST - ZIP **STUART FL**

21 TITLE **PD** Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **D**
NAME **REIS, ELIZABETH**
STREET ADDRESS **6500 MARINER SANDS DR.**
CITY - ST - ZIP **STUART FL**

31 TITLE **SD** Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **TD**
NAME **MEYERS, HERBERT**
STREET ADDRESS **6500 MARINER SANDS DR.**
CITY - ST - ZIP **STUART FL**

41 TITLE **D** Change Addition
42 NAME **Wooten, Jean**
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **VPD**
NAME **HINTZ, RICHARD W.**
STREET ADDRESS **6500 MARINER SANDS DRIVE**
CITY - ST - ZIP **STUART FL**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 the 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 of this report, or on an attachment with an address.

SIGNATURE: *Elizabeth P. Reis* 4/27/95
SIGNATURE AND TITLED ON PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR Date Daytime Phone #