

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N17804 (8)

1. Corporation Name
CYPRESS POINT OWNERS ASSOCIATION, INC.



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

Mailing Address
 6500 MARINER SANDS DRIVE
 STUART FL 34997-8723

3. Date Incorporated or Qualified 11/14/1986
3a. Date of Last Report 05/01/1995

4. FEI Number 59-2789787
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt #, etc. **26** Suite, Apt #, etc.

22 City & State **27** City & State

23 Zip **28** Zip

24 Country **25** Country **29** Country **30** Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
TD	STADLER, DONALD	6500 MARINER SANDS DR.	STUART FL	<input type="checkbox"/>
PD	JULIAN, WILLIAM A.	6500 MARINER SANDS DR.	STUART FL	<input checked="" type="checkbox"/>
SD	REIS, ELIZABETH	6500 MARINER SANDS DR.	STUART FL	<input checked="" type="checkbox"/>
D	WOTTER, JEAN	6500 MARINER SANDS DR.	STUART FL	<input type="checkbox"/>
VPD	HINTZ, RICHARD W.	6500 MARINER SANDS DRIVE	STUART FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
PD	STADLER, DONALD	6500 MARINER SANDS DRIVE	STUART, FL 34997	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VD	PATRICIA MEYERS	6500 MARINER SANDS DRIVE	STUART, FL 34997	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	JOSEPH O'DONNELL	6500 MARINER SANDS DRIVE	STUART, FL 34997	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	JEAN ANDERSON	6500 MARINER SANDS DRIVE	STUART, FL 34997	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SD	DAVID SHAND	6500 MARINER SANDS DRIVE	STUART, FL 34997	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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: *Donald A. Stadler* **6-21-96** **501-283-1114**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E037 (3/96)