

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90153 031 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17804**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/14/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2789787
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SCHOCK, FREDERICK F 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 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: CHRYSTAL L. BROWN  
 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	TD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLM, ROBERT	1.2 NAME	MALCOLM, ROBERT
STREET ADDRESS	6500 MARINER SANDS DR.	1.3 STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT - VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYERS, PATRICIA	2.2 NAME	DWYER, WILLIAM
STREET ADDRESS	6500 MARINER SANDS DR.	2.3 STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODONNELL, JOSEPH	3.2 NAME	HUMPHREY, ELEANOR
STREET ADDRESS	6500 MARINER SANDS DR.	3.3 STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOODY, BETTY	4.2 NAME	MC CAIN, TED
STREET ADDRESS	6500 MARINER SANDS DR.	4.3 STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAND, DAVID	5.2 NAME	STILES, JOAN
STREET ADDRESS	6500 MARINER SANDS DRIVE	5.3 STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: [Signature] 4/20/99 501-283-1114  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (1/98)