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APPROVED AND FILED

95 APR 21 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # N19079 (5)

1. Corporation Name
CYPRESS POINT PATIO ASSOCIATION, INC.

Principal Place of Business Mailing Address

**C/O SPECIALTY MANAGEMENT CO
220 CONGRESS PARK DR., STE. 200
DELRAY BEACH FL 33445
US**

**C/O SPECIALTY MANAGEMENT CO.
220 CONGRESS PARK DR., STE. 200
DELRAY BEACH FL 33445
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/22/1987** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2067843** 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**

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 S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

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

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**GOLDBERG, BART
20657 LINKSVIEW CIRCLE
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name **William K. Isaacson**

82 Street Address (P.O. Box Number is Not Acceptable) **5295 Town Center Rd.**

83 **Suite 200**

84 City **Boca Raton, FL** 85 Zip Code **33436**

11. Pursuant to the provisions of Sections 607.0602 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 607.0602, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GOLDBERG, BART
STREET ADDRESS	20657 LINKSVIEW CIR
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD
NAME	BALL, RENE
STREET ADDRESS	20583 LINKSVIEW CIR
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD
NAME	SEAGEL, NORM
STREET ADDRESS	6558 WOODBRIDGE DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VD
NAME	SPRING, RICHARD
STREET ADDRESS	20572 LINKSVIEW CIRCLE
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	SCHLAN, JERRY
STREET ADDRESS	6802 WOODBRIDGE DR.
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SPRING, RICHARD	
1.3 STREET ADDRESS	20572 LINKSVIEW CIRCLE	
1.4 CITY-ST-ZIP	BOCA RATON, FLA 33434	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARK BRAUN, MARK	
3.3 STREET ADDRESS	6816 WOODBRIDGE DRIVE	
3.4 CITY-ST-ZIP	BOCA RATON, FLA 33434	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STOCKEL, MARVIN	
4.3 STREET ADDRESS	20571 LINKSVIEW CIRCLE	
4.4 CITY-ST-ZIP	BOCA RATON FLA 33434	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LITWIN, LEONARD	
5.3 STREET ADDRESS	20554 LINKSVIEW CIRCLE	
5.4 CITY-ST-ZIP	BOCA RATON, FLA 33434	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *[Signature]* **3-31-95 4074879368**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #