

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified 01/22/1987	3a. Date of Last Report 04/21/1995
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2. Principal Place of Business	2a. Mailing Address
21 Lang Management Co., Inc Suite, Apt. #, etc.	26 Lang Management Co., Inc. Suite, Apt. #, etc.
22 20540 Country Club Blvd. City & State #101	27 20540 Country Club Blvd. City & State #101
23 Boca Raton, FL Zip	28 Boca Raton, Florida Zip
24 33434 Country USA	29 33434 Country USA

4. FEI Number 59-2067843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAM K ISAACSON 5295 TOWN CENTER RD SUITE 200 BOCA RATON FL 33486		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 _____ (NOTE: Registered Agent signature required when forming) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRING, RICHARD	1.2 NAME	
STREET ADDRESS	20572 LINKS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, RENE	2.2 NAME	
STREET ADDRESS	20583 LINKSVIEW CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, MARK	3.2 NAME	
STREET ADDRESS	6816 WOODBRIDGE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKEL, MARVIN	4.2 NAME	
STREET ADDRESS	20571 LINKS CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITWIN, LEONARD	5.2 NAME	Treasurer
STREET ADDRESS	20554 LINKS CIRCLE	5.3 STREET ADDRESS	George Rich
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	20593 Linksviue Circle
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Boca Raton, FL. 33434
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Day, Date, Month, Year

3-17-96 40789 9368.

CR2E037 (12/95)