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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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, INC.  
20540 COUNTRY CLUB BLVD #101  
BOCA RATON FL 33434  
US  
LANG MANAGEMENT CO INC  
20540 COUNTRY CLUB BLVD  
BOCA RATON FL 33434-4201  
US

3. Date Incorporated or Qualified 01/22/1987  
3a. Date of Last Report 03/25/1996

2. Principal Place of Business 2a. Mailing Address  
21 C/O LANG MANAGEMENT 26  
Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 101  
22 27 20540 COUNTRY CLUB BLVD  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

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

9. Name and Address of Current Registered Agent  
WILLIAM K ISAACSON  
5295 TOWN CENTER RD  
SUITE 200  
BOCA RATON FL 33486

10. Name and Address of New Registered Agent  
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: *[Signature]* DATE: 1/20/97

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	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, GEORGE	5.2 NAME	
STREET ADDRESS	20593 LINKSVIEW CIRCLE	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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.

SIGNATURE: *[Signature]* 1-13-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone # 0042206

CR2E037 (9/96)