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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19079

1. Corporation Name

CYPRESS POINT PATIO ASSOCIATION, INC.

Principal Place of Business

C/O LANG MANAGEMENT, INC.  
20540 COUNTRY CLUB BLVD #101  
BOCA RATON FL 33434  
US

Mailing Address

LANG MANAGEMENT CO INC  
20540 COUNTRY CLUB BLVD, SUITE 101  
BOCA RATON FL 33434  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/22/1987

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME SPRING, RICHARD  
STREET ADDRESS 20572 LINKS CIRCLE  
CITY-ST-ZIP BOCA RATON FL

TITLE SD  
NAME BALL, RENE  
STREET ADDRESS 20583 LINKSVIEW CIR  
CITY-ST-ZIP BOCA RATON FL

TITLE D  
NAME STOLTZ, BEVERLY  
STREET ADDRESS 20621 LINKSVIEW CIR  
CITY-ST-ZIP BOCA RATON FL 33434

TITLE VD  
NAME STOCKEL, MARVIN  
STREET ADDRESS 20571 LINKS CIRCLE  
CITY-ST-ZIP BOCA RATON FL

TITLE T  
NAME RICHE, GEORGE  
STREET ADDRESS 20593 LINKSVIEW CIRCLE  
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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE SECRETARY/TREASURER  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE DIRECTOR  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/99

561-750-8800

CR2E037 (11/98)