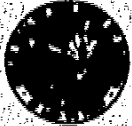


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 19 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31336 (3)
1. Corporation Name
CYPRESS RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business C/O DOUGLAS R. GIRVIN 30 US HIGHWAY ONE, SUITE 303 JUPITER FL 33477	Mailing Address C/O DOUGLAS R. GIRVIN 30 US HIGHWAY ONE, SUITE 303 JUPITER FL 33477
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/23/1969	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2716759	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 DOUGLAS RAWLS GIRVIN, P.A. Suite 501, The Haas Building	Suite, Apt. #, etc. 27 DOUGLAS RAWLS GIRVIN, P.A. Suite 501, The Haas Building
City & State 23 1001 North U.S. Highway One Jupiter, FL 33477	City & State 28 1001 North U.S. Highway One Jupiter, FL 33477
Zip 24	Zip 29

5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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 GIRVIN, DOUGLAS R. -60 US HIGHWAY ONE -SUITE 303- -JUPITER FL 33477-	10. Name and Address of New Registered Agent DOUGLAS RAWLS GIRVIN, P.A. Suite 501, The Haas Building 1001 North U.S. Highway One Jupiter, FL 33477
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81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	VAN BROCK, GARY 12040 TIFFANY WAY TEQUESTA FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE STD	DORNER, GREGG H 3925 W 43RD ST CHICAGO IL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE VD	GRAHAM, SUSAN 3925 W. 43RD ST CHICAGO IL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Gary Van Brock Gary Van Brock 4/10/95 907-743-6160
SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Telephone #)