

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N31527 (7)**
1. Corporation Name
CYPRESS WOODS LAKE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business Mailing Address
1690 SOUTH CONGRESS AVE. SUITE 200 DELRAY BEACH FL 33445

3. Date Incorporated or Qualified **04/05/1989** 3a. Date of Last Report **03/31/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0158671	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

D'ADDARIO, MERLE
1690 SOUTH CONGRESS AVENUE
SUITE 200
DELA BEACH FL 33445

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ADDARIO, MERLE	12 NAME	
STREET ADDRESS	1690 S CONGRESS AVE	13 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, JOANN	22 NAME	
STREET ADDRESS	1690 S CONGRESS AVE	23 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	24 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ELLIOT, A	32 NAME	
STREET ADDRESS	1690 S CONGRESS AVE	33 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	34 CITY - ST - ZIP	
TITLE	AST <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, ANTONIO	42 NAME	
STREET ADDRESS	1690 S CONGRESS AVE	43 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	44 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, RICHARD D.	52 NAME	
STREET ADDRESS	1690 S CONGRESS AVE	53 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 in an attachment with an address.

SIGNATURE: *Elliot A. Davis* **2/6/96** **407-274-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)