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Jan 30 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 # N31527 (7)
1. Corporation Name
CYPRESS WOODS LAKE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business Mailing Address
% COMMUNITY MANAGEMENT CO
22151 SHOREWIND DR
BOCA RATON FL 33428

3. Date Incorporated or Qualified 04/05/1989
3a. Date of Last Report 02/14/1996
4. FEI Number 65-0158671 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
VALYO, PAUL
22151 SHOREWIND DRIVE
BOCA RATON FL 33428

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 | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | D'ADDARIO, MERLE | |
| STREET ADDRESS | 1690 S CONGRESS AVE | |
| CITY-ST-ZIP | DELRAY BCH FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | LEVY, JOANN | |
| STREET ADDRESS | 1690 S CONGRESS AVE | |
| CITY-ST-ZIP | DELRAY BCH FL | |
| TITLE | OTB | <input checked="" type="checkbox"/> DELETE |
| NAME | DAVIS, ELLIOT, A | |
| STREET ADDRESS | 1690 S CONGRESS AVE | |
| CITY-ST-ZIP | DELRAY BCH FL | |
| TITLE | AST | <input checked="" type="checkbox"/> DELETE |
| NAME | NUNEZ, ANTONIO | |
| STREET ADDRESS | 1690 S CONGRESS AVE | |
| CITY-ST-ZIP | DELRAY BCH FL | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | LEVY, RICHARD D. | |
| STREET ADDRESS | 1690 S CONGRESS AVE | |
| CITY-ST-ZIP | DELRAY BCH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Rob Rickett | |
| 1.3 STREET ADDRESS | 22151 Shorewind Dr | |
| 1.4 CITY-ST-ZIP | Boca Raton, FL 33428 | |
| 2.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Mavis Rickett | |
| 2.3 STREET ADDRESS | 22151 Shorewind Dr | |
| 2.4 CITY-ST-ZIP | Boca Raton, FL 33428 | |
| 3.1 TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Eric Ginkelberg | |
| 3.3 STREET ADDRESS | 22151 Shorewind Dr | |
| 3.4 CITY-ST-ZIP | Boca Raton, FL 33428 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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(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.

SIGNATURE



CR2E037 (9/96)