

**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 # N36748 (4)**

1. Corporation Name  
**CYPRESS KEEP ENCLAVE CONDOMINIUM ASSOCIATION, IN C.**



Principal Place of Business Mailing Address  
**6719 WINKLER ROAD SUITE 121 FT MYERS FL 33919**

3. Date Incorporated or Qualified **02/20/1990** 3a. Date of Last Report **03/10/1995**

21	2. Principal Place of Business <b>9411 CYPRESS LAKE DRIVE</b>	2a. Mailing Address <b>9411 CYPRESS LAKE DRIVE</b>
22	Suite, Apt. #, etc. <b>SUITE 2</b>	Suite, Apt. #, etc. <b>SUITE 2</b>
23	City & State <b>FORT MYERS FL</b>	City & State <b>FORT MYERS FL</b>
24	Zip <b>33919</b>	Country <b>USA</b>

4. FEI Number **59-3039701** 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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LUMSDEN, DENNIS J**  
**6719 WINKLER ROAD**  
**SUITE 121**  
**FT MYERS 33919**

81	Name <b>William W. Schoo</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>9411 Cypress Lake Drive</b>
83	<b>Suite #2</b>
84	City <b>Fort Myers</b>
85	Zip Code <b>FL 33919</b>

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 617.0502, Florida Statutes.

SIGNATURE *William Schoo* **William Schoo** **4-10-96**  
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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LUMSDEN, DENNIS J.</b>	
STREET ADDRESS	<b>6719 WINKLER RD #121</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PAULK, CHARLES M.</b>	
STREET ADDRESS	<b>6719 WINKLER RD #121</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, LYNNE C.</b>	
STREET ADDRESS	<b>6719 WINKLER RD #121</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>CAREY, RUTH</b>	
1.3 STREET ADDRESS	<b>13710 RALEIGH LANE T1</b>	
1.4 CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
2.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SMITH, ELIZABETH</b>	
2.3 STREET ADDRESS	<b>13734 DOWNING LANE X4</b>	
2.4 CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PISANO, MARY</b>	
3.3 STREET ADDRESS	<b>13750 DOWNING LANE Z3</b>	
3.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33919</b>	
4.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>HOWELL, JUDITH</b>	
4.3 STREET ADDRESS	<b>13710 RALEIGH LANE T2</b>	
4.4 CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>TUDOR, MILDRED</b>	
5.3 STREET ADDRESS	<b>13730 DOWNING LANE W3</b>	
5.4 CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
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 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 on an attachment with an address.

SIGNATURE: *Mary Pisano* **Mary Pisano** **4/10/96** **941-275-9566**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)