

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36748 (4)**

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

Principal Place of Business <b>9411 CYPRESS LAKE DRIVE                  SUITE 2                  FT MYERS FL 33919                  US</b>	Mailing Address <b>9411 CYPRESS LAKE DRIVE                  SUITE 2                  FT MYERS FL 33919                  US</b>
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3. Date Incorporated or Qualified  
**02/20/1990**

4. FEI Number  
**59-3039701**

Applied For  Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SCHOO, WILLIAM W.  
 9411 CYPRESS LAKE DRIVE  
 SUITE 2  
 FORT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAREY, RUTH	
STREET ADDRESS	13710 RALEIGH LANE T1	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ELIZABETH	
STREET ADDRESS	13734 DOWNING LANE #X-4	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PISANO, MARY	
STREET ADDRESS	13750 DOWNING LANE #Z3	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOWELL, JUDITH	
STREET ADDRESS	13710 RALEIGH LANE T2	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUDOR, MILDRED	
STREET ADDRESS	13730 DOWNING LANE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Ruth M Carey* **RUTH M CAREY** 4-30-98 941-481-4700

CR2E037 (10/97)