

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90017 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36748

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

Principal Place of Business 9411 CYPRESS LAKE DRIVE SUITE 2 FT MYERS FL 33919 US	Mailing Address 9411 CYPRESS LAKE DRIVE SUITE 2 FT MYERS FL 33919 US
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/20/1990
22 City & State	27 City & State	4. FEI Number 59-3039701
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 W. W. Schoo Management, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 9411 Cypress Lake Drive 83 Suite 2 84 City Fort Myers FL 85 Zip Code 33919
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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: *[Signature]* DATE: _____
Signature typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME CAREY, RUTH STREET ADDRESS 13710 RALEIGH LANE T1 CITY-ST-ZIP FT MYERS FL 33919	<input type="checkbox"/> DELETE	1.1 TITLE STD 1.2 NAME Ruth Carey 1.3 STREET ADDRESS 13710 Raleigh Lane T1 1.4 CITY-ST-ZIP Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME SMITH, ELIZABETH STREET ADDRESS 13734 DOWNING LANE #X-4 CITY-ST-ZIP FORT MYERS FL 33919	<input type="checkbox"/> DELETE	2.1 TITLE PD 2.2 NAME Elizabeth Smith 2.3 STREET ADDRESS 13734 Downing Lane X4 2.4 CITY-ST-ZIP Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME PISANO, MARY STREET ADDRESS 13750 DOWNING LANE #23 CITY-ST-ZIP FORT MYERS FL 33919	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VD 3.2 NAME Mary Chamberlain 3.3 STREET ADDRESS 13724-Thatcher-,V2- 3.4 CITY-ST-ZIP Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME HOWELL, JUDITH STREET ADDRESS 13710 RALEIGH LANE T2 CITY-ST-ZIP FORT MYERS FL 33919	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME Margaret Howard 4.3 STREET ADDRESS 13734 Downing Lane X1 4.4 CITY-ST-ZIP Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME TUDOR, MILDRED STREET ADDRESS 13730 DOWNING LANE CITY-ST-ZIP FORT MYERS FL 33919	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED *[Signature]* Date: 4-14-99 Daytime Phone # _____

CR2E037 (1/198)