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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N37046 (2)

1. Corporation Name
CYPRESS POINT HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.

Principal Place of Business Mailing Address
P.O. BOX 73 ORLANDO FL 32802-7073 P.O. BOX 73 ORLANDO FL 32802-7073

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/12/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2999300** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
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

10. Name and Address of New Registered Agent

BAILEY, NEIL
~~431 E CENTRAL BLVD., SUITE 220~~ **918 BRADSHAW TERR.**
ORLANDO FL 32802

81 Name **Neil Bailey**
82 Street Address (P.O. Box Number is Not Acceptable) **918 Bradshaw Terrace**
83 **P.O. Box 73**
84 City **Orlando** FL 85 Zip Code **32802**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Neil Bailey* **Neil Bailey** DATE **1-22-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~BO~~ NAME **CASEY, DENNIS**
STREET ADDRESS ~~600 EAST CENTRAL BLVD.~~ **ORLANDO FL**
CITY-ST-ZIP
TITLE ~~BA~~ NAME **MYLREA, BRUCE W.**
STREET ADDRESS ~~600 EAST CENTRAL BLVD.~~ **ORLANDO FL**
CITY-ST-ZIP
TITLE ~~BA~~ NAME **RUSSELL, GARY**
STREET ADDRESS ~~600 EAST CENTRAL BLVD.~~ **ORLANDO FL**
CITY-ST-ZIP
TITLE ~~BT~~ NAME **SLEMONS, WILLIAM M. III**
STREET ADDRESS ~~600 EAST CENTRAL BLVD.~~ **ORLANDO FL**
CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE **DP** Change Addition
12 NAME **Jack Ziegler**
13 STREET ADDRESS **9115 Great Heron Circle**
14 CITY-ST-ZIP **Orlando, FL 32826**
21 TITLE **DV** Change Addition
22 NAME **Paul Shearer**
23 STREET ADDRESS **9118 Great Heron Circle**
24 CITY-ST-ZIP **Orlando, FL 32826**
31 TITLE **DST** Change Addition
32 NAME **Jim Krass**
33 STREET ADDRESS **9128 Point Cypress Dr**
34 CITY-ST-ZIP **Orlando, FL 32826**
41 TITLE Change Addition
42 NAME **000001414220**
43 STREET ADDRESS **-02/23/95--01105-012**
44 CITY-ST-ZIP *****130.00 ***130.00**
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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 the 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: *[Signature]* DATE **1-31-95** OFFICE USE ONLY: **407-876-1445**