

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: P.O. BOX 73 ORLANDO FL 32802-7073
Mailing Address: P.O. BOX 73 ORLANDO FL 32802-7073

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business
21 2180 WEST SR 434
Suite, Apt. #, etc. 22 5000
City & State 23 LONGWOOD FL
Zip 24 32779 Country 25 USA

2a. Mailing Address
26 2180 WEST SR 434
Suite, Apt. #, etc. 27 5000
City & State 28 LONGWOOD FL
Zip 29 32779 Country 30 USA

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

BAILEY, NEIL
918 BRADSHAW TERRACE
ORLANDO FL 32802

10. Name and Address of New Registered Agent

81 Name: JAMES W HART JR
82 Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC
83 2180 WEST SR 434 SUITE 5000
84 City: LONGWOOD FL 85 Zip Code: 32779

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	DP	<input type="checkbox"/> DELETE
NAME	ZIEGLER, JACK	
STREET ADDRESS	9115 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SHEARER, PAUL	
STREET ADDRESS	9118 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KRASS, JIM	
STREET ADDRESS	9128 POINT CYPRESS DR.	
CITY-ST-ZIP	ORLANDO FL 32826	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	QUEALY, APRIL	
1.3 STREET ADDRESS	9110 GREAT HERON CIRCLE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32826	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KRUPPENBACHER, FRANK	
2.3 STREET ADDRESS	9064 GREAT HERON CIRCLE	
2.4 CITY-ST-ZIP	ORLANDO, FL 32826	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROSEN, HARRIS	
3.3 STREET ADDRESS	8798 LAKE TIBET COURT	
3.4 CITY-ST-ZIP	ORLANDO, FL 32826	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SPRESSER, KIRK	
4.3 STREET ADDRESS	9158 GREAT HERON COURT	
4.4 CITY-ST-ZIP	ORLANDO, FL 32826	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. KRASS

2-27-96 407 876-1445
Date Daytime Phone #

CR2E037 (12/95)