


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 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 # N37046 (2)**  
1. Corporation Name  
**CYPRESS POINT HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.**



Principal Place of Business <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US</b>	Mailing Address <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779 US</b>
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3. Date Incorporated or Qualified  
**03/12/1990**

4. FEI Number  
**59-2999300**

Applied For	Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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

**HART, JAMES W. JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD FL 32779**

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
			<b>FL</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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZIEGLER, JACK</b>		1.2 NAME	
STREET ADDRESS <b>9115 GREAT HERON CIRCLE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32826</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KRUPPENBACHER, FRANK</b>		2.2 NAME <b>PANNONE, KAREN</b>	
STREET ADDRESS <b>9064 GREAT HERON CIRCLE</b>		2.3 STREET ADDRESS <b>9061 GREAT HERON CR</b>	
CITY-ST-ZIP <b>ORLANDO F</b>		2.4 CITY-ST-ZIP <b>ORLANDO FL 32836</b>	
TITLE <b>DST</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KRASS, JM</b>		3.2 NAME	
STREET ADDRESS <b>9126 POINT CYPRESS DR.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL 32826</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SPRESSER, KIRK</b>		4.2 NAME <b>WOLTMAN, JAN</b>	
STREET ADDRESS <b>9158 GREAT HERON COURT</b>		4.3 STREET ADDRESS <b>8817 LAKE SHEEN CT</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		4.4 CITY-ST-ZIP <b>ORLANDO FL 32826</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>QUEALY, APRIL</b>		5.2 NAME <b>CAPOZZA, JOSEPH</b>	
STREET ADDRESS <b>9110 GREAT HERON CIRCLE</b>		5.3 STREET ADDRESS <b>8825 LAKE SHEEN CT</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		5.4 CITY-ST-ZIP <b>ORLANDO FL 32826</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>FD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROSEN, HARRIS</b>		6.2 NAME <b>DUNWOODY, JOHN</b>	
STREET ADDRESS <b>8798 ALKE TIBET COURT</b>		6.3 STREET ADDRESS <b>9134 GREAT HERON CIR</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		6.4 CITY-ST-ZIP <b>ORLANDO FL 32826</b>	

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: *Joseph Capozza* JOSEPH CAPOZZA 3-11-98

CP2E037 (10/97)

CYPRESS POINT HOMEOWNERS ASSOCIATION OF ORANGE COUNTY, INC.  
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CONTINUED

7.1 TITLE:	D	ADDITION
7.2 NAME:	GISSY, JAMES	
7.3. STREET ADDRESS:	9259 POINT CYPRESS DR	
7.4 CITY-ST-ZIP:	ORLANDO, FL 32826	
8.1 TITLE:	D	ADDITION
8.2. NAME:	SIMANOFF, ANN	
8.3 STREET ADDRESS:	9057 GREAT HERON CIR	
8.4 CITY-ST-ZIP:	ORLANDO FL 32826	