

FILE NOW: FILING FEE IS \$61.25

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02-22-1999 90143 028 ****61.25

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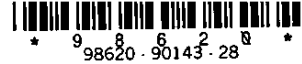
NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N37046

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



Principal Place of Business
**8867 LAKE SHEEN COURT
 ORLANDO FL 32836
 US**

Mailing Address
**8867 LAKE SHEEN COURT
 ORLANDO FL 32836
 US**



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 03/12/1990
21	Suite, Apt. #, etc.	26	4. FEI Number 59-2999300
22	City & State	27	Applied For <input type="checkbox"/> Not Applicable
23	Zip	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
KEHLER, PAT 505 WEKIVA SPRINGS ROAD LONGWOOD FL 32779		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85
			FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIEGLER, JACK	1.2 NAME	JIM GISSY
STREET ADDRESS	9115 GREAT HERON CIRCLE	1.3 STREET ADDRESS	9259 POINT CYPRESS DR
CITY-ST-ZIP	ORLANDO FL 32826	1.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANNONE, KAREN	2.2 NAME	ANN SIMANOFF
STREET ADDRESS	9061 GREAT HERON CR	2.3 STREET ADDRESS	9084 GREAT HERON CIRCLE
CITY-ST-ZIP	ORLANDO FL 32836	2.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASS, JIM	3.2 NAME	
STREET ADDRESS	9128 POINT CYPRESS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLTMAN, JAN	4.2 NAME	
STREET ADDRESS	8817 LAKE SHEEN CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPOZZA, JOSEPH	5.2 NAME	
STREET ADDRESS	8825 LAKE SHEEN CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNWOODY, JOHN	6.2 NAME	
STREET ADDRESS	9134 GREAT HERON CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32826	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, with all other like empowered.

SIGNATURE: *Joseph Capozza* 1/19/99 407-876-4855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1998)