

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 # N38596 (5)

1. Corporation Name
CYPRESS COVE OF JUPITER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
120 OLYMPUS WAY
JUPITER FL 33477

Mailing Address
120 OLYMPUS WAY
JUPITER FL 33477

3. Date Incorporated or Qualified 06/12/1990
3a. Date of Last Report 01/30/1995

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 P.O. Box 8792
27 Suite, Apt. #, etc.
28 Jupiter, FL
29 33468
30 USA

4. FEI Number 65-0228334
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**

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

9. Name and Address of Current Registered Agent
LEVINE, JAY STEVEN
LEVINE, FRANK & EDGAR PA.
3300 PGA BLVD, SUITE 500
PALM BEACH GARDENS FL 33410

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

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 listed first) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARTMAN, ESTHER M.	
STREET ADDRESS	120 OLYMPUS WAY	
CITY - ST - ZIP	JUPITER FL	
TITLE	VSD DIRECTOR	<input type="checkbox"/> DELETE
NAME	HARTMAN, JERRY B.	
STREET ADDRESS	120 OLYMPUS WAY	
CITY - ST - ZIP	JUPITER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HARTMAN, HERBERT J.	
STREET ADDRESS	123 LANDWARD DR.	
CITY - ST - ZIP	JUPITER FL	
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

11 TITLE	President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Robert Reynolds	
13 STREET ADDRESS	6804 Cypress Cove Circle	
14 CITY - ST - ZIP	Jupiter, FL 33458	
21 TITLE	Vice President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Priscilla McGuire	
23 STREET ADDRESS	6797 Cypress Cove Circle	
24 CITY - ST - ZIP	Jupiter, FL 33458	
31 TITLE	Secretary - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Susan Johnson	
33 STREET ADDRESS	6815 Cypress Cove Circle	
34 CITY - ST - ZIP	Jupiter, FL 33458	
41 TITLE	Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Susan Smith	
43 STREET ADDRESS	19195 Tamara Lane	
44 CITY - ST - ZIP	Jupiter, FL 33458	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Susan M. Smith* **2-27-96** **407-686-2252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone**
Susan M. Smith

CR2E037 (12/95)

3-30-1996