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Feb 14 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: P.O. BOX 8792 JUPITER FL 33468-8792

3. Date Incorporated or Qualified: 06/12/1990  
 3a. Date of Last Report: 03/30/1996  
 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

2. Principal Place of Business: 21 725 N. A1A  
 Suite, Apt. #, etc.: 22 C-110  
 City & State: 23 Jupiter, FL.  
 Zip: 24 33477  
 Country: 25 Palm Beach  
 2a. Mailing Address: 26 103 So. US 1  
 Suite, Apt. #, etc.: 27 F5-135  
 City & State: 28 Jupiter, FL.  
 Zip: 29 33477  
 Country: 30 Palm Beach

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, ROBERT	
STREET ADDRESS	6804 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARTMAN, JERRY B.	
STREET ADDRESS	120 OLYMPUS WAY	
CITY-ST-ZIP	JUPITER FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCGUIRE, PRISCILLA	
STREET ADDRESS	6797 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, SUSAN	
STREET ADDRESS	6815 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, SUSAN	
STREET ADDRESS	19195 TAMARA LANE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<del>President PD</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James E. Rich	
1.3 STREET ADDRESS	19177 Tamara Lane	
1.4 CITY-ST-ZIP	Jupiter, FL. 33458	
2.1 TITLE	<del>Vice President VPD</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard E. Murphy	
2.3 STREET ADDRESS	6822 Cypress Cove Circle	
2.4 CITY-ST-ZIP	Jupiter, FL. 33458	
3.1 TITLE	<del>Secretary SD</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Karen Turiano	
3.3 STREET ADDRESS	6989 Cypress Cove Circle	
3.4 CITY-ST-ZIP	Jupiter, FL. 33458	
4.1 TITLE	<del>Treasurer TD</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lisa Munns	
4.3 STREET ADDRESS	6845 Cypress Cove Circle	
4.4 CITY-ST-ZIP	Jupiter, FL. 33458	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ester Hartman	
5.3 STREET ADDRESS	120 Olympus Way	
5.4 CITY-ST-ZIP	Jupiter, FL. 33458	
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 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)