


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 13 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 # N38596 (5)**  
1. Corporation Name  
**CYPRESS COVE OF JUPITER HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>725 N A1A C-110 JUPITER FL 33477 US</b>	Mailing Address <b>103 S US 1 F5-135 JUPITER FL 33477 US</b>
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3. Date Incorporated or Qualified <b>06/12/1990</b>		
4. FEI Number <b>65-0228334</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>LEVINE, JAY STEVEN LEVINE, FRANK &amp; EDGAR PA. 3300 PGA BLVD, SUITE 500 PALM BEACH GARDENS FL 33410</b>		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RICH, JAMES E</b>		1.2 NAME	
STREET ADDRESS <b>19177 TAMARA LANE</b>		1.3 STREET ADDRESS <b>Arthur Schwartz</b>	
CITY-ST-ZIP <b>JUPITER FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>6809 Cypress Cove Circle</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MURPHY, RICHARD E</b>		2.2 NAME <b>Jupiter, FL. 33458</b>	
STREET ADDRESS <b>6822 CYPRESS COVE CIRCLE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>JUPITER FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TURIANO, KAREN</b>		3.2 NAME	
STREET ADDRESS <b>6989 CYPRESS COVE CIRCLE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>JUPITER FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUNNS, LISA</b>		4.2 NAME	
STREET ADDRESS <b>6845 CYPRESS COVE CIRCLE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>JUPITER FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARTMAN, ESTER</b>		5.2 NAME	
STREET ADDRESS <b>120 OLYMPUS WAY</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>JUPITER FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED 3-5-98 575 3551

CR2E037 (10/97)