

FILE NOW: FILING FEE IS \$61.25

03-30-1999 90026 032 *****61.25

FILED N38596
 CLERK OF STATE
 DIVISION OF CORPORATIONS

99 AUG -5 AM 8:27

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N38596

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

Principal Place of Business	Mailing Address
725 N A1A C-110 JUPITER FL 33477 US	100 S US 1 F5-135 JUPITER FL 33477 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.	06/12/1990
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0228334
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEVINE, JAY STEVEN LEVINE, FRANK & EDGAR PA. 3300 PGA BLVD, SUITE 500 PALM BEACH GARDENS FL 33410	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President SCHWARTZ, ARTHUR	1.2 NAME	Vice President DAVID LICHTMAN
STREET ADDRESS	6800 CYPRESS COVE CIRCLE	1.3 STREET ADDRESS	19183 TAMARACK
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD MURPHY, RICHARD E	2.2 NAME	Secretary MIKE MORAN
STREET ADDRESS	8822 CYPRESS COVE CIRCLE	2.3 STREET ADDRESS	6906 CYPRESS COVE CIRCLE
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD TURIANO, KAREN	3.2 NAME	Treasurer DENISE McENABOE
STREET ADDRESS	6800 CYPRESS COVE CIRCLE	3.3 STREET ADDRESS	6846 CYPRESS COVE CIRCLE
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD MUNNS, LISA	4.2 NAME	Director JIM RICH
STREET ADDRESS	6845 CYPRESS COVE CIRCLE	4.3 STREET ADDRESS	19183 TAMARACK LANE
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	JUPITER, FL 33458
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR