

**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 # **N39059** (3)  
1. Corporation Name  
**CYPRESS WOODS ASSOCIATION, INC.**



Principal Place of Business: 1690 SOUTH CONGRESS AVE. SUITE 200 DELRAY BEACH FL 33445  
Mailing Address: 1690 SOUTH CONGRESS AVE. SUITE 200 DELRAY BEACH FL 33445

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/09/1990</b>		3a. Date of Last Report <b>03/31/1995</b>	
21	Suite Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number <b>65-0299532</b>		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
D'ADDARIO, MERLE 1690 S. CONGRESS AVE., STE. 200 DELRAY BCH FL 33445				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 remaining)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D'ADDARIO, MERLE			1.2 NAME			
STREET ADDRESS	1690 S CONGRESS AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVY, JOANN			2.2 NAME			
STREET ADDRESS	1690 S CONGRESS AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL			2.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, ELLIOT, A			3.2 NAME			
STREET ADDRESS	1690 S CONGRESS AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL			3.4 CITY-ST-ZIP			
TITLE	AST	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NUNEZ, ANTONIO			4.2 NAME			
STREET ADDRESS	1690 S CONGRESS AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVY, RICHARD, D			5.2 NAME			
STREET ADDRESS	1690 S CONGRESS AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BCH FL			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 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: *Elliot A. Davis* **Elliot A. DAVIS** 2/6/96 407-274-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E037 (12/95)