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NONPROFIT CORPORATION ANNUAL REPORT

` 1997



FLORIDA DEPARTMENT, OF STATE

Sandra B. Meitham 🚭

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Feb 13 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39059

appears in Block 12 or Block 11 if

SIGNATURE AND

SIGNATURE:

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CYPRESS WOODS ASSOCIATION, INC.

Principal Place of Business Mailing Address **% COMMUNITY MANAGEMENT CO** % COMMUNITY MANAGEMENT CO 22151 SHOREWIND DR 22151 SHOREWIND DR **BOCA RATON FL 33428 BOCA RATON FL 33428-4707** Date incorporated or Qualified 07/09/1990 3a. Date of Last Report 02/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0299532 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 D'ADDARIO, MERLE 82 (P.Q. Box Number is Not Acceptable) 1690 S. CONGRESS AVE., STE. 200 83 **DELRAY BCH FL 33445** 84 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) FICERS AND BIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13. DELETE Change **Addition** 11 TITLE TITLE D'ADDARIO, MERLE 1.2 NAME NAME व्हाँडा डीक्स्प्रेमि 1690 S CONGRESS AVE 1.3 STREET ADDRESS STREET ADDRESS DELRAY BCH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE VPD. Haris ☐ Change **Addition** 21 TITLE TITLE Hicke LEVY, JOANN 2.2 NAME NAME 00151 Storeworder 1690 S CONGRESS AVE 2.3 STREET ADDRESS **DELRAY BCH FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change **Addition** STD 3.1 TITLE TITLE DAVIS, ELLIOT, A 3.2 NAME NAME 1690 S CONGRESS AVE 3.3 STREET ADDRESS STREET ADDRESS **DELRAY BCH FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition AST 4.1 TITLE TITLE NUNEZ, ANTONIO 4. 2 NAME NAME 1690 S CONGRESS AVE 4.3 STREET ADDRESS STREET ADDRESS DELRAY BCH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition AS 51 TITLE TITLE LEVY, RICHARD, D NAME 5.2 NAME 1690 S CONGRESS AVE STREET ADDRESS 5.3 STREET ADDRESS DELRAY BOH FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF 14. Ido 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 comporation or the deliver or trustee and owned to execute this report as required by Chapter 617, Florida Statutes; and that my name

Date

Daytime Phone # 0041863