


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 13 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|  |  |
|--|--|
| Principal Place of Business<br><b>% COMMUNITY MANAGEMENT CO<br/>22151 SHOREWIND DR<br/>BOCA RATON FL 33428</b> | Mailing Address<br><b>% COMMUNITY MANAGEMENT CO<br/>22151 SHOREWIND DR<br/>BOCA RATON FL 33428</b> |
|--|--|

3. Date Incorporated or Qualified  
**07/09/1990**

4. FEI Number  
**65-0299532**

Applied For  
 Not Applicable

|  |                           |  |                         |
|--|---------------------------|--|-------------------------|
| 21. Principal Place of Business<br><b>4209 N FEDERAL HWY</b> | 22. Suite, Apt. #, etc.   | 26. Mailing Address<br><b>4209 N FEDERAL HWY</b> | 27. Suite, Apt. #, etc. |
| 23. City & State<br><b>POMPANO BEACH FL</b>                  | 24. Zip<br><b>33064</b>   | 28. City & State<br><b>POMPANO BEACH FL</b>      | 29. Zip<br><b>33064</b> |
| 25. Country<br><b>USA</b>                                    | 30. Country<br><b>USA</b> |  |                         |

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**VALYO, PAUL  
22151 SHOREWIND DR  
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

81. Name  
**DAVID R ROY, P.A.**

82. Street Address (P.O. Box Number is Not Acceptable)  
**4209 N. FEDERAL HWY**

83.

84. City  
**POMPANO BEACH**

85. Zip Code  
**FL 33064**

11. Pursuant to the provisions of Sections 617.0802 and 617.1808, 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: *[Signature]* DATE: **3-31-98**

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                           | <input type="checkbox"/> DELETE |
|----------------------------|---------------------------|---------------------------------|
| TITLE                      | <b>PD</b>                 |                                 |
| NAME                       | <b>RICKEL, BOV</b>        |                                 |
| STREET ADDRESS             | <b>22151 SHOREWIND DR</b> |                                 |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>      |                                 |
| TITLE                      | <b>VPD</b>                |                                 |
| NAME                       | <b>RICKEL, MORRIS</b>     |                                 |
| STREET ADDRESS             | <b>22151 SHOREWIND DR</b> |                                 |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>      |                                 |
| TITLE                      | <b>STD</b>                |                                 |
| NAME                       | <b>FINKELBERG, ERIC</b>   |                                 |
| STREET ADDRESS             | <b>22151 SHOREWIND DR</b> |                                 |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>      |                                 |
| TITLE                      |                           |                                 |
| NAME                       |                           |                                 |
| STREET ADDRESS             |                           |                                 |
| CITY-ST-ZIP                |                           |                                 |
| TITLE                      |                           |                                 |
| NAME                       |                           |                                 |
| STREET ADDRESS             |                           |                                 |
| CITY-ST-ZIP                |                           |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---|--|-----------------------------------|
| 1.1 TITLE   | <b>PD</b>                                     |  |                                   |
| 1.2 NAME  | <b>Igor Teplisky</b>                          |  |                                   |
| 1.3 STREET ADDRESS                                    | <b>1155 S. Semoran Blvd. Ste 1118 Bldg 3</b>  |  |                                   |
| 1.4 CITY-ST-ZIP                                       | <b>Winter Park, FL 32792</b>                  |  |                                   |
| 2.1 TITLE   | <b>VP/D</b>                                   |  |                                   |
| 2.2 NAME  | <b>Jim Brady</b>                              |  |                                   |
| 2.3 STREET ADDRESS                                    | <b>1155 S. Semoran Blvd. Ste 1118, Bldg 3</b> |  |                                   |
| 2.4 CITY-ST-ZIP                                       | <b>Winter Park, FL 32792</b>                  |  |                                   |
| 3.1 TITLE   | <b>S/T/D</b>                                  |  |                                   |
| 3.2 NAME  | <b>Lyal Davis</b>                             |  |                                   |
| 3.3 STREET ADDRESS                                    | <b>1155 S. Semoran Blvd., Ste 1118 Bldg 3</b> |  |                                   |
| 3.4 CITY-ST-ZIP                                       | <b>Winter Park, FL 32792</b>                  |  |                                   |
| 4.1 TITLE   |   |  |                                   |
| 4.2 NAME  |   |  |                                   |
| 4.3 STREET ADDRESS                                    |   |  |                                   |
| 4.4 CITY-ST-ZIP                                       |   |  |                                   |
| 5.1 TITLE   |   |  |                                   |
| 5.2 NAME  |   |  |                                   |
| 5.3 STREET ADDRESS                                    |   |  |                                   |
| 5.4 CITY-ST-ZIP                                       |   |  |                                   |
| 6.1 TITLE   |   |  |                                   |
| 6.2 NAME  |   |  |                                   |
| 6.3 STREET ADDRESS                                    |   |  |                                   |
| 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: **Igor Teplisky Pres** DATE: **4/7/98**

**407-678-6513**  
~~561-451-8389~~

CP2E037 (10/97)