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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48636** (7)

1. Corporation Name

**THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA CO
NDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
PO BOX 22069 LAKE BUENA VISTA FL 32830-2069		PO BOX 22069 LAKE BUENA VISTA FL 32830-2069	

3. Date Incorporated or Qualified 04/28/1992	3a. Date of Last Report 04/22/1994
4. FEI Number 59-3141099	Applied For Not Applicable

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

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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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

**GIANNONI, GIGI
44235 LAKE BRYAN RD.
ORLANDO FL 32824**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	8651 Treasure Cay Lane
83	
84 City	Orlando
85 State	FL
86 Zip Code	32836

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANNONI, GENEVIEVE	1.2 NAME	
STREET ADDRESS	3520 VESTAVIA WAY	1.3 STREET ADDRESS	700001464817
CITY - ST - ZIP	LONGWOOD FL	1.4 CITY - ST - ZIP	-04/26/95--01025--010
TITLE	VP	2.1 TITLE	*****130.00 *****30.00 Addition
NAME	GAUDRY, WILLIAM T. JR.	2.2 NAME	
STREET ADDRESS	14335 LAKE BRYAN RD	2.3 STREET ADDRESS	8651 Treasure Cay Lane
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	Orlando, FL 32836
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, CHARLES C.	3.2 NAME	
STREET ADDRESS	7917 SOUTHWIND CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D James R. Simeon
STREET ADDRESS		4.3 STREET ADDRESS	802 Weaver Dr.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Lexington, NC 27292
TITLE		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		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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 of this filing, or on the attachment with an address.

SIGNATURE: Charles C. Frey **CHARLES C. FREY** Date: 3/14/95
Signature and typed or printed name of signing officer or director

407-238-2300
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