

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N48636 (7)
1. Corporation Name

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



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

3. Date Incorporated or Qualified: **04/28/1992**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-3141099**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
GIANNONI, GIGI
8651 TREASURE CAY LANE
ORLANDO FL 32836

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
12016 Turtle Cay Circle
84 City **Orlando, Fl.** **FL** **85 Zip Code** **32836**

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIANNONI, GENEVIEVE	
STREET ADDRESS	3520 VESTAVIA WAY	
CITY - ST - ZIP	LONGWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GAUDRY, WILLIAM T. JR.	
STREET ADDRESS	8651 TREASURE CAY LANE	
CITY - ST - ZIP	ORLANDO FL 32836	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FREY, CHARLES C.	
STREET ADDRESS	7917 SOUTHWIND CT	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMEON, JAMES R	
STREET ADDRESS	802 WEAVER DR	
CITY - ST - ZIP	LEXINGTON NC 27282	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	12016 Turtle Cay Circle	
14 CITY - ST - ZIP	Orlando, Fl. 32836	
21 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Charles C. Frey	
23 STREET ADDRESS	12016 Turtle Cay Circle	
24 CITY - ST - ZIP	Orlando, Fl. 32836	
31 TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	William Wilks	
33 STREET ADDRESS	12016 Turtle Cay Circle	
34 CITY - ST - ZIP	Orlando, Fl. 32836	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	800001860908	
63 STREET ADDRESS	-06/13/96--01015--028	
64 CITY - ST - ZIP	***61.25	

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: *Charles C. Frey* Charles C. Frey, VP Date: 4/30/96 Daytime Phone #: 407-238-2032

CR2E037 (12/95)