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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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.

Principal Place of Business

Mailing Address

PO BOX 22069
LAKE BUENA VISTA FL 32830-2069PO BOX 22069
LAKE BUENA VISTA FL 32830-20693. Date Incorporated or Qualified
04/28/19923a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3141099Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIANNONI, GENEVIEVE
12016 TURTLE CAY CIRCLE
ORLANDO FL 3283681 Name
Anna M. DiRocco

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 617.0303, Florida Statutes.

SIGNATURE Anna M. DiRocco

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GIANNONI, GENEVIEVE
STREET ADDRESS 12016 TURTLE CAY CIRCLE
CITY-ST-ZIP ORLANDO FL 32836

DELETE

TITLE VPD
NAME FREY, CHARLES C
STREET ADDRESS 12016 TURTLE CAY CIRCLE
CITY-ST-ZIP ORLANDO FL 32836

DELETE

TITLE VPD
NAME WILKS, WILLIAM
STREET ADDRESS 12016 TURTLE CAY CIRCLE
CITY-ST-ZIP ORLANDO FL 32836

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

11 TITLE D,P
12 NAME STEVEN C. SCOTT
13 STREET ADDRESS 12016 TURTLE CAY CIRCLE
14 CITY-ST-ZIP ORLANDO, FL 32836

Change Addition

21 TITLE D,VP,T
22 NAME ANN COHEN
23 STREET ADDRESS 12016 TURTLE CAY CIRCLE
24 CITY-ST-ZIP ORLANDO, FL 32836

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change Addition

41 TITLE D
42 NAME JAMES R. SIMEON
43 STREET ADDRESS 12016 TURTLE CAY CIRCLE
44 CITY-ST-ZIP ORLANDO, FL 32836

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

14. I do 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:

Ann Cohen

2/10/97 (407) 238-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0017751

CR2E037 (9/96)