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Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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.



Principal Place of Business PO BOX 22069 LAKE BUENA VISTA FL 32830-2069		Mailing Address <del>78 507 2888</del> <del>1812 BUNNY CREEK BL 32830 068</del> 1781 Park Center Drive Orlando, Florida 32835 USA		3. Date Incorporated or Qualified 04/28/1992
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3141099
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23		City & State Orlando, Florida 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DIROCCO, ANNA M <del>12018 TURTLE CAY CIRCLE</del> ORLANDO FL 32835				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number Is Not Acceptable) 1781 Park Center Drive			
83				84 City Orlando			
				85 FL		85 Zip Code 32835	

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: *Anna M. DiRocco* 11/15/98  
Signature, by name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD	NAME <del>STEVEN O</del>	STREET ADDRESS <del>12018 TURTLE CAY CIRCLE</del>	CITY-ST-ZIP <del>ORLANDO FL</del>	1.1 TITLE DP	1.2 NAME Russell W. Brunning	1.3 STREET ADDRESS 1781 Park Center Drive	1.4 CITY-ST-ZIP Orlando, FL 32835
TITLE VTD	NAME COHEN, ANN	STREET ADDRESS <del>12018 TURTLE CAY CIRCLE</del>	CITY-ST-ZIP <del>ORLANDO FL</del>	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS 1781 Park Center Drive	2.4 CITY-ST-ZIP Orlando, FL 32835
TITLE VPD	NAME WILKS, WILLIAM	STREET ADDRESS <del>12018 TURTLE CAY CIRCLE</del>	CITY-ST-ZIP <del>ORLANDO FL 32835</del>	3.1 TITLE VP	3.2 NAME	3.3 STREET ADDRESS 1781 Park Center Drive	3.4 CITY-ST-ZIP Orlando, FL 32835
TITLE D	NAME <del>SMITH, JAMES R</del>	STREET ADDRESS <del>12018 TURTLE CAY CIRCLE</del>	CITY-ST-ZIP <del>ORLANDO FL</del>	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS <del>1781 Park Center Drive</del>	4.4 CITY-ST-ZIP <del>ORLANDO FL 32835</del>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE D	5.2 NAME Mark F. Bisbee	5.3 STREET ADDRESS 1568 Cartercove Road	5.4 CITY-ST-ZIP Hayesville, NC 28904
TITLE	NAME	STREET ADDRESS	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: *[Signature]* 11/15/98 407-533-1000

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