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**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90011 050 \*\*\*122.50

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N48636

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

Principal Place of Business Mailing Address  
 PO BOX 22069 1781 PARK CENTER DR  
 LAKE BUENA VISTA FL 32830-2069 ORLANDO FL 32835  
 US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26 16880 Lake Ellenor Dr.	04/28/1992
23	City & State	27 Suite 103	4. FEI Number
24	Zip Country	28 Orlando, FL	59-3141099
25		29 32809	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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DIROCCO, ANNA M 1781 PARK CENTER DR ORLANDO FL 32835		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
			FL

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 \_\_\_\_\_ 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 <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNNING, RUSSELL W	1.2 NAME	
STREET ADDRESS	1781 PARK CENTER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ANN	2.2 NAME	
STREET ADDRESS	1781 PARK CENTER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKS, WILLIAM	3.2 NAME	Chris Thimes
STREET ADDRESS	1781 PARK CENTER DR	3.3 STREET ADDRESS	243 Linwood Ave.
CITY-ST-ZIP	ORLANDO FL 32835	3.4 CITY-ST-ZIP	Niagara Falls, NY 14305
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Co-vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMEON, JAMES R	4.2 NAME	John Chase
STREET ADDRESS	12016 TURTLE CAY CIRCLE	4.3 STREET ADDRESS	12 Marilyn Dr.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Rochester, NY 14626
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Co-vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISBEE, MARK F	5.2 NAME	
STREET ADDRESS	1568 CARTERCOVE RD	5.3 STREET ADDRESS	Hayesville
CITY-ST-ZIP	HAYEVILLE NC 28904	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Don Wilks
STREET ADDRESS		6.3 STREET ADDRESS	4403 Hickory Branch Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Brandon, FL 33511

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Christopher Thimes 1/30/99 (407)238-2300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)