

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

DOCUMENT # N50757 (6)

1. Corporation Name

CYPRESS CREEK HOMEOWNERS ASSOCIATION OF BREVARD, INC.



Principal Place of Business: 5070 NORTH A1A SUITE 205 VERO BEACH FL 32963
Mailing Address: 5070 NORTH A1A SUITE 205 VERO BEACH FL 32963

3. Date Incorporated or Qualified: 09/08/1992
3a. Date of Last Report: 01/25/1995
4. FEI Number: 65-0388677
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**NELSON, DANIEL W.
5070 NORTH A1A
SUITE 205
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 617.0503, Florida Statutes.

SIGNATURE

Signature typed 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	<input type="checkbox"/> DELETE
NAME	NELSON, DANIEL W.	
STREET ADDRESS	5070 NORTH A1A S-205	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VSOT	<input type="checkbox"/> DELETE
NAME	RILEY, H. WADE III	
STREET ADDRESS	8049 MONETARY DR. S-D4	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RILEY, HOWARD W. JR.	
STREET ADDRESS	5070 NORTH A1A S-205	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GARCEAU, JOHN	
STREET ADDRESS	5070 N. A1A S-205	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLUBAUGH, CHARLES	
STREET ADDRESS	3610 PAINTED BUNTING PLACE	
CITY-ST-ZIP	GRANT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	S-205
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *H. Wade Riley, III* H. Wade Riley, III 4/12/96 (407) 844-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)