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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
5070 NORTH A1A SUITE 205 VERO BEACH FL 32963
5070 NORTH A1A SUITE 205 VERO BEACH FL 32963-1216

3. Date Incorporated or Qualified 09/08/1992
3a. Date of Last Report 04/17/1996
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 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NELSON, DANIEL W.	
STREET ADDRESS	5070 NORTH A1A S-205	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VSDT	<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 checked="" 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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: H. Wade Riley, III H. Wade Riley, III Treasurer 1/30/97 (561) 845-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020811

CR2E037 (9/96)