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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001232 (8)
1. Corporation Name

**CYPRESS ISLE ESTATES AT BREAKERS WEST HOMEOWNERS
ASSOCIATION, INC.**

Principal Place of Business Mailing Address
**1688 BREAKERS WEST BLVD.
WEST PALM BEACH, FLORIDA 33411**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/15/1993** 3a. Date of Last Report **03/28/1994**

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 **65-0417235** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Does corporation have 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

**DAVIS, BARBARA
107 HERON PARKWAY
ROYAL PALM BEACH, FLORIDA 33411**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **GERALD J. WYGANT, PRESIDENT**

[Handwritten Signature: Gerald J. Wygant]
[Handwritten Signature: Barbara Davis 7/14/95]

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **WYGANT, GERALD J.**
STREET ADDRESS **1745 FLAGLER MANOR CIRCLE**
CITY, ST, ZIP **WEST PALM BEACH, FLORIDA 33411**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **600001550706**
1.4 CITY, ST, ZIP **-08/01/95--01071--010**
*******\$1.25** Change Addition

TITLE **VPD**
NAME **DAVIS, BARBARA**
STREET ADDRESS **107 HERON PARKWAY**
CITY, ST, ZIP **ROYAL PALM BEACH, FLORIDA 33411**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE **VPST**
NAME **VENTRICE, MARIA**
STREET ADDRESS **6334 BRAVA WAY**
CITY, ST, ZIP **BOCA RATON, FLORIDA 33433**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

*555
7/27/95*

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)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature: Barbara Davis]* **BARBARA DAVIS** *7/15/95*

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR (Date) (Signature) (Name)