FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State -

<u>1998</u>

NAME

STREET ADDRESS

DOCUMENT #

N9400000436 (5)

THE CYPRESS PARK PROPERTY OWNERS ASSOCIATION, IN C.

FILED Mar 12 1998 8:00am Secretary of State

A 1884/181 202 (10): 2001: 2011: 2011: 2011: 2011: 2011: 2011: 2011: 2011: 2011: 2011: 2011: 2011: 2011: 2011

_											
Principal Place of Business Mailing Address							I ADDIANA AND ADAIL BIRALA	I BI I I BI B		*****	***************************************
9862 COUTY F	IOAD	9862 COUTY ROAD 170				;	3. Date Incorporated or C	ualified			
170						i	01/27/1994				
WESTCLIFFE CO 81252 WESTCLIFFE CO 81252							4. FEI Number			An	plied For
							59-3224018			_	t Applicable
2. Principal F	Place of Business	2a. Mailing Address							ėo.		
2. Principal Place of Business 2a. Mailing Address 25							5. Certificate of Status Desired \$8.75 Additional Fee Required				
Sulte, Apt.	#, etc.	Sulte, Apt. #, etc	.				6. Election Campaign Fin	ancina			
22	· -	27	· · · · · · · · · · · · · · · · · · ·				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & Stat	le	City & State					7. Is this nonprofit corpore	ation a homeown	ers asso	clation	1?
23	•	28						Z Yes	□ No		
Zip	Country	Zip	c	untry	<i>f</i>	,	8. This corporation owes	•			
4	25	29	30				Personal Property Tax		☐ Yes	<u> </u>	No
	9. Name and Address of Curre	nt Registered Agent		1_	,		10. Name and Address of	New Registered	1 Agent		
				81	Name						
BOZARTH, STEPHEN J					Street	Address (P.O. Box Number Is Not Acceptable)					
800 N MAGNOLIA AVENUE JAN 1 2 1998				L				,			
SUITE 1		1777 F 1 E 1990		83							
ORLANDO FL 32803-2346					City			-	logi	Zin C	'ode
AIM HARA I P ARARA PAIA					City	FL 85 Zip Code					<i>7</i> 000
12.	Signature, typed or printed name of registered ag OFFICERS AN	gent and title if applicable. ND DIRECTORS	(NOTE: Register		ent signature	required	d when reinstating) ADDITIONS/CHANGES	DATE TO OFFICERS AN			
TITLE	DP	☐ DELET	E 1.1	TITLE	(0	Vi	ca president		☐ CH	ange	Addition
NAME	JACK, SUZANNE B		1.2	NAME	1	24	tephen J. Wh I Southhall	itlem			
STREET ADDRESS	9862 COUNTY ROAD 170		1.3	STREET	ADDRESS	10	1 Southhall	Lane.	Su	ite	400
CITY-ST-ZIP	WESTCLIFFE CO 81252			CITY-S	ST-ZIP/	LM.	aitland, FL				
TITLE	DST	☐ DELET	E 2.1	TITLE	()	"""	per i i morron, i i ini	31751	☐ Cr	nange	Addition
NAME	JACK, WILLIAM I		2.2	NAME				7, 50			
STREET ADDRESS	9862 COUNTY ROAD 170		2.3	STREET	ADDRESS						
CITY-ST-ZIP	WESTCLIFFE CO 81252				\$T-ZIP						T T T T T T
TITLE	DV	DELET	/	TITLE		1			L. Cr	nange	Addition
NAME	DELATER, RICHARD E		1/	NAME							
STREET ADDRESS	2180 PARK AVENUE NORTH	l	/ 3.3	STREET	ADDRESS						
CITY-ST-ZIP	WINTER PARK FL 32789	······································			ST-ZIP	ļ	···				[7] 4 4 100
TITLE		DELET	E / 41	TITLE					☐ CH	ange	Addition
NAME	_			NAME							
STREET ADDRESS	(←		4.3	STREET	ADDRESS						
CITY-ST-ZIP				CITY - S	ST-ZIP	ļ			T 61		4.430
TITLE		☐ DELET		TITLE		1			☐ CH	nange	Addition
NAME	1			NAME							
STREET ADDRESS			5.3	STREET	ADDRESS	l					
CITY-ST-ZIP				CITY-S	ST-ZIP				·		1112200
TITLE	ŀ	☐ DELET	F ■ 61'	TITLE		1			CH CH	nance	☐ Addition

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.

6.3 STREET ADDRESS

6.2 NAME

SOUTH STATE OF THE STATE OF THE

111 100

419 483-2934