FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

19	96
----	----

DOCUMENT # 1. Corporation Name

N9400003199 (6)

CYPRESS LAKE TOWNHOMES ASSOCIATION, INC	CYPRESS	LAKE	TOWNHOMES	ASSOCIATION.	INC.
---	----------------	------	------------------	--------------	------

Principal Place of Business Mailing Address				- * 1851/74/ 014 (01/) 010// 80/// 00/// 80/// 05/// 05/// 05/// 05/// 05/// 05/// 05/// 05///			
	NATER DRIVE	3348 EDGEWATER I ORLANDO FL 32804	-				
					3. Date Incorporated or Qualified 06/27/1994		est Report I/1995
2. Principal P 21	lace of Business	2a. Mailing Address 26			4. FEt Number -APPLIED FOR 65	-0520017	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	1 1	75 Additional se Required
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
Ζφ 24	Country 25	Ζιρ 29	Cour 30	itry	This corporation has liability for Florida Statutes		
	9. Name and Address of Curre	nt Registered Agent	<u> </u>		10. Name and Address of New		
				81 Name	Bland, Robert F.		
JONES,	, Ken		}	B2 Street A		able)	
	DGEWATER DR				Address P.O. Box Number is Not Accept.	7e′	
ORLANI	DO FL 32804		-	B3			
				84 City	Orlando		32884°
or registe	to the provisions of Sections 617.050 ared agent, of Both, in the State of Flo with, and accept the obligations of, Sec	ida. Such change was autho	orized by the co	e-named co orporation's l	rporation submits this statement for the p board of directors. I hereby accept the ap	urpose of changing in pointment as register	ts registered office red agent. I am
SIGNATURE	/ (c)>- (Deanh				2-1-96 DATE	
	Signature, typied or printed name of registeren age		(NOTE: Registered a	lgent signature re	quired when reinstating)		
12. TITLE	OFFICERS AT	ND DIRECTORS	13.	<u>-</u>	ADDITIONS/CHANGES TO OF		
NAME	JONES, KEN	, Deputite	1.1 111	-	DPT	Chang	ge 🛗 Addition
STREET ADDRESS	3348 EDGEWATER DR.		1.2 NAI	_	Demetree, William C.	•	
CITY-ST-ZIP	ORLANDO FL 32804		1	EET ADDRESS	3348 Edgewater Dr.		
TITLE	D	☐ DELETE	2.1 T(T	Y - ST - ZIP	Orlando, FL 32804	Chanc	ne 🔲 Addition
NAME	BLAND, ROBERT		2.2 NA			C Sound	,
STREET ADDRESS	3348 EDGEWATER DR.		2 3 STF	EET ADDRESS			
CHTY - ST - ZIP	ORLANDO FL 32804			Y - ST - ZIP			
TITLE	DVS	DELETE	3 1 Tu	.E		☐ Chang	ge
NAME	SHOEMAKER, BEN		3 2 NAI	NE .			
STREET ADDRESS	503 N. ORLANDO AVE., STE	. 105	3351	EET ADORESS			
CITY-ST-ZIP	COCOA BEACH FL 33931	Flores		Y-ST-ZIP			
101.E		DELETE	4 1 TIT			☐ Chang	ge 🔲 Addition
NAME CERCOS ADDRESS			4 2 NA	I			
STREET ADDRESS				EET ADORESS			
TITLE		DELETE	4.4 CIT	Y-ST-ZIP F		☐ Chang	ge Addition
NAME			5 2 NAI	I			r La racition
STREET ADDRESS			l l	EET ADDRESS			
C+TY-ST-Z:P				Y-ST-ZIP			
TITLE	//	DELETE	6 1 TITI			Chang	ge Addition
NAME			6 2 NAI	AE			-
STREET ADDRESS			63 STF	EET ADDRESS			
C:TY-ST-Z:P				Y-ST-ZIP			
certify that oath; that	at the information indicated on this ann	hual report or supplemental a oration or the receiver or tru:	innual report is stee empowere	true and acc	ify for the exemption stated in Section 11 curate and that my signature shall have the this report as required by Chapter 617,	e same legal effect a	s if made under

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96 407-422-8191 Date Daytrie Phone #