

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003199 (6)**  
 1. Corporation Name  
**CYPRESS LAKE TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business <b>3348 EDGEWATER DRIVE ORLANDO FL 32804</b>	Mailing Address <b>3348 EDGEWATER DRIVE ORLANDO FL 32804</b>
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3. Date Incorporated or Qualified <b>06/27/1994</b>		
4. FEI Number <b>65-0520017</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 2180 WEST SR 434 Suite, Apt. #, etc.	2a. Mailing Address 26 2180 WEST SR 434 Suite, Apt. #, etc.		
22 SUITE 5000	27 SUITE 5000		
23 City & State LONGWOOD FL	28 City & State LONGWOOD FL		
24 Zip 32779	25 Country US	29 Zip 32779	30 Country US

9. Name and Address of Current Registered Agent

**HART, JAMES W. JR**  
**SENTRY MGT INC**  
**2180 WEST SR 434 STE 5000**  
**LONGWOOD FL 32779**

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

**FL**

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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHOEMAKER, JOHN B.	
STREET ADDRESS	503 N ORLANDO AVE STE 105	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	VAZQUEZ, VALENTIN	
STREET ADDRESS	503 N ORLANDO AVE STE 105	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LEE, SYLVIA	
STREET ADDRESS	503 N. ORLANDO AVE., STE. 105	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KODSI, ALBERT	
STREET ADDRESS	503 N ORLANDO AVE STE 105	
CITY-ST-ZIP	COCOA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DYR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raymond Cordon	
2.3 STREET ADDRESS	226 Cypress Knee Loop	
2.4 CITY-ST-ZIP	Kissimmee, FL 34743	
3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rosemarie Labrador	
3.3 STREET ADDRESS	2178 Cypress Bay Blvd	
3.4 CITY-ST-ZIP	Kissimmee FL 34743	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Karen Petty, c/o The Rental Station	
4.3 STREET ADDRESS	2000 W. Vine St., Kissimmee	
4.4 CITY-ST-ZIP	FL 3474	
5.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Elaine Feld	
5.3 STREET ADDRESS	2112 Cypress Bay Blvd	
5.4 CITY-ST-ZIP	Kissimmee, FL 34743	
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 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: Elaine Feld 2/9/98 407 344 2479

CR2E037 (10/97)