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Apr 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003199

1. Corporation Name
CYPRESS LAKE TOWNHOMES ASSOCIATION, INC.

Principal Place of Business 2180 W SR 434 #5000 LONGWOOD FL 32779 US	Mailing Address 2180 W SR 434 #5000 LONGWOOD FL 32779 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 06/27/1994	4. FEI Number 65-0520017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, JAMES W. JR SENTRY MGT INC 2180 WEST SR 434 STE 5000 LONGWOOD FL 32779				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHOEMAKER, JOHN B.			1.2 NAME	Feliciano, Duane		
STREET ADDRESS	503 N ORLANDO AVE STE 105			1.3 STREET ADDRESS	2319 Waterview Loop		
CITY-ST-ZIP	COCOA BCH FL			1.4 CITY-ST-ZIP	Kissimmee, FL 34744		
TITLE	DVP	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAYMOND CORDON			2.2 NAME			
STREET ADDRESS	226 CYPRESS KNEE LOOP			2.3 STREET ADDRESS	2226 Cypress Knee Loop		
CITY-ST-ZIP	KISSIMMEE FL 34743			2.4 CITY-ST-ZIP			
TITLE	DST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSEMARIE LABRADOR			3.2 NAME	Rivera, Illia		
STREET ADDRESS	2178 CYPRESS BAY BLVD			3.3 STREET ADDRESS	2188 Cypress Bay Blvd		
CITY-ST-ZIP	KISSIMMEE FL 34743			3.4 CITY-ST-ZIP	Kissimmee, FL 34744		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAREN PETTY % THE RENTAL STATION			4.2 NAME			
STREET ADDRESS	2000 W VINE ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34743			4.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELAINE FELD			5.2 NAME			
STREET ADDRESS	2112 CYPRESS BAY BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34743			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: ELSA M. FELDRE REYNOLDS, President 3/29/99 407-344-2479
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)