

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005507 (7)

1. Corporation Name
THE CYPRESS POINTE RESORT II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
12016 TURTLE CAY CIRCLE
LAKE BUENA VISTA FL 32821

Mailing Address
POST OFFICE BOX 22069
LAKE BUENA VISTA FL 32830

3. Date Incorporated or Qualified 11/20/1995
3a. Date of Last Report

21 2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3377247	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24	25	29	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GIANNONI, GENEVIEVE 12016 TURTLE CAY CIRCLE LAKE BUENA VISTA FL 32821	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	12016 Turtle Cay Circle
83	
84 City	Orlando
	FL
	85 Zip Code 32836

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	President, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Genevieve, Giannoni
STREET ADDRESS		13 STREET ADDRESS	12016 Turtle Cay Circle
CITY-ST-ZIP		14 CITY-ST-ZIP	Orlando, Fl. 32836
TITLE	<input type="checkbox"/> DELETE	21 TITLE	VP, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Charles C. Frey
STREET ADDRESS		23 STREET ADDRESS	12016 Turtle Cay Circle
CITY-ST-ZIP		24 CITY-ST-ZIP	Orlando, Fl. 32836
TITLE	<input type="checkbox"/> DELETE	31 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Charles C. Frey
STREET ADDRESS		33 STREET ADDRESS	12016 Turtle Cay Circle
CITY-ST-ZIP		34 CITY-ST-ZIP	Orlando, Fl. 32836
TITLE	<input type="checkbox"/> DELETE	41 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Anna M. DiRocco
STREET ADDRESS		43 STREET ADDRESS	12016 Turtle Cay Circle
CITY-ST-ZIP		44 CITY-ST-ZIP	Orlando, Fl. 32836
TITLE	<input type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	James D. Maneri
STREET ADDRESS		53 STREET ADDRESS	12016 Turtle Cay Circle
CITY-ST-ZIP		54 CITY-ST-ZIP	Orlando, Fl. 32836
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	700001860907
STREET ADDRESS		63 STREET ADDRESS	-06/13/96--01015--027
CITY-ST-ZIP		64 CITY-ST-ZIP	***61.25

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)(k), 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: *Charles C. Frey* Charles C. Frey, VP **4/30/96** 407-238-2232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E037 (12/95)