

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005507 (7)

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

Principal Place of Business 12016 TURTLE CAY CIRCLE ORLANDO FL 32836	Mailing Address POST OFFICE BOX 22069 LAKE BUENA VISTA FL 32830-2069
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1995	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3377247	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 **Anna M. DiRocco** *Anna M. DiRocco* **2/28/97**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENEVIEVE, GIANNONI	1.2 NAME	STEVEN C. SCOTT
STREET ADDRESS	12016 TURTLE CAY CIRCLE	1.3 STREET ADDRESS	12016 TURTLE CAY CIRCLE
CITY-ST-ZIP	ORLANDO FL 32836	1.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	VPDT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D, VP, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREY, CHARLES C	2.2 NAME	ANN COHEN
STREET ADDRESS	12016 TURTLE CAY CIRCLE	2.3 STREET ADDRESS	12016 TURTLE CAY CIRCLE
CITY-ST-ZIP	ORLANDO FL 32836	2.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIROCCO, ANNA M	3.2 NAME	
STREET ADDRESS	12016 TURTLE CAY CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32836	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANERI, JAMES D	4.2 NAME	JAMES D. MANERI
STREET ADDRESS	12016 TURTLE CAY CIRCLE	4.3 STREET ADDRESS	12016 TURTLE CAY CIRCLE
CITY-ST-ZIP	ORLANDO FL 32836	4.4 CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WILLIAM WILKS
STREET ADDRESS		5.3 STREET ADDRESS	12016 TURTLE CAY CIRCLE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32836
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 do 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: *Ann Cohen* **Ann Cohen** **2/10/97** **(407) 238-2232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017748

CR2E037 (9/96)