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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000002001 (3)

1. Corporation Name

CYPRESS POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10491 SIX MILE CYPRESS PARKWAY STE 101
FORT MYERS FL 33912

10491 SIX MILE CYPRESS PARKWAY STE 101
FORT MYERS FL 33912-6406

3. Date Incorporated or Qualified
04/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0674114

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWALM & MURRELL, P.A.
2375 TAMiami TRAIL NO STE 308
NAPLES FL 33940

81 Name

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

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 D [] DELETE
NAME PERSICILLI, ANTHONY
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY STE 101
CITY-ST-ZIP FORT MYERS FL 33912

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME MCMURRAY, DARIN
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY STE 101
CITY-ST-ZIP FORT MYERS FL 33912

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME BURNS, ALAN
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY STE 101
CITY-ST-ZIP FORT MYERS FL 33912

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
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: [Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 941-278-1177
Date Daytime Phone # 0066626

CR2E037 (9/96)