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Mar 28 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 # N96000005697 (5)

1. Corporation Name
CYPRESS POINTE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business: 6289 WEST SUNRISE BLVD SUITE 202 SUNRISE FL 33313
Mailing Address: C/O SUMMIT PROPERTY MANAGEMENT, INC. POST OFFICE BOX 189013 PLANTATION FL 33318-9013

3. Date Incorporated or Qualified: 11/06/1996
3a. Date of Last Report

2. Principal Place of Business: 21. 62 Summit Property Mgmt. Pl. 22. P.O. Box 189013 23. Plantation FL 24. 33318 25. USA
2a. Mailing Address: 26. C/O Summit Property Mgmt. Pl. 27. P.O. Box 189013 28. Plantation FL 29. 33318 30. USA

4. FEI Number: 59-2031220
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUMMIT PROERTY MANAGEMENT, INC.
6289 WEST SUNRISE BLVD
SUITE 202
SUNRISE FL 33313

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4450 W. SUNRISE BLVD
83 C-100
84 City: PLANTATION FL 85 Zip Code: 33313

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: *Gmi H. Sangunett* Gmi H. Sangunett, Vice Pres - Admin. 3/11/97
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	NAME: DOAN, LEON	1.1 TITLE: PD	NAME: Batista, John
STREET ADDRESS: 521 CYPRESS POINTE DRIVE EAST	CITY-ST-ZIP: PEMBROKE PINES FL 33027	1.2 NAME: Batista, John	1.3 STREET ADDRESS: 541 Cypress Pointe Dr. E
		1.4 CITY-ST-ZIP: Pembroke Pines, FL	
TITLE: VD	NAME: KHALIL, ALLEN	2.1 TITLE: VD	NAME: Casale, Mark
STREET ADDRESS: 520 CYPRESS POINTE DRIVE EAST	CITY-ST-ZIP: PEMBROKE PINES FL 33027	2.2 NAME: Casale, Mark	2.3 STREET ADDRESS: 841 Cypress Pointe Dr. E.
		2.4 CITY-ST-ZIP: Pembroke Pines, FL	
TITLE: STD	NAME: ZINN, DAN	3.1 TITLE: SD	NAME: Casas, Monica
STREET ADDRESS: 721 CYPRESS POINTE DRIVE EAST	CITY-ST-ZIP: PEMBROKE PINES FL 33027	3.2 NAME: Casas, Monica	3.3 STREET ADDRESS: 540 Cypress Pointe Dr. E.
		3.4 CITY-ST-ZIP: Pembroke Pines, FL	
TITLE:	NAME:	4.1 TITLE: TD	NAME: Debastos, David
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME: Debastos, David	4.3 STREET ADDRESS: 601 Cypress Pointe Dr. E.
		4.4 CITY-ST-ZIP: Pembroke Pines, FL	
TITLE:	NAME:	5.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	5.3 STREET ADDRESS:
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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: *A. Khalil* 3/14/97 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone # 0036706

CR2E037 (9/96)