


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005697 (5)**
1. Corporation Name

CYPRESS POINTE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business C/O DEVELOPMENT CONSULTANTS INC. 2901 SIMMS STREET HOLLYWOOD FL 33020 US		Mailing Address C/O DEVELOPMENT CONSULTANTS INC. 2901 SIMMS STREET HOLLYWOOD FL 33020 US		3. Date Incorporated or Qualified 11/06/1996	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2031220	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOLODAK, EDWARD F ESQ TUCKER & TIGHE, P.A. 800 E. BROWARD BLVD., SUITE 505 FT. LAUDERDALE FL 33301				10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD			1.1 TITLE			
NAME	BATISTA, JOHN			1.2 NAME			
STREET ADDRESS	541 CYPRESS POINTE DR. E			1.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CASALE, MARK			2.2 NAME	TD CASSADY, TOM		
STREET ADDRESS	841 CYPRESS POINTE DR. E.			2.3 STREET ADDRESS	520 Cypress Pointe DR West		
CITY-ST-ZIP	PEMBROKE PINES FL			2.4 CITY-ST-ZIP	Pembroke Pines, FL		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASAS, MONICA			3.2 NAME			
STREET ADDRESS	540 CYPRESS POINTE DR E			3.3 STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEBASTOS, DAVID			4.2 NAME	VD Debastos, DAVID		
STREET ADDRESS	601 CYPRESS POINTE DR E.			4.3 STREET ADDRESS	601 Cypress Pointe DR. EAST		
CITY-ST-ZIP	PEMBROKE PINES FL			4.4 CITY-ST-ZIP	Pembroke Pines, FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	D KHALILI, Allen		
STREET ADDRESS				5.3 STREET ADDRESS	520 Cypress Pointe DR. EAST		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Pembroke Pines, FL		
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.

SIGNATURE: _____

DAVID Debastos 1/13/97 954-486-6600

CR2E037 (10/97)