

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 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 # N97000001925 (3)
1. Corporation Name
CYPRESS POINT AT THE RESERVE ASSOCIATION, INC.



Principal Place of Business 2100 RESERVE PARK TRACE PORT ST LUCIE FL 34986	Mailing Address 2100 RESERVE PARK TRACE PORT ST LUCIE FL 34986
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3. Date Incorporated or Qualified 04/04/1997	
4. FEI Number 45-0803499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9700 Reserve Blvd. Suite, Apt. #, etc. 22	2a. Mailing Address 26 9700 Reserve Blvd. Suite, Apt. #, etc. 27
City & State 23 Port St. Lucie, FL Zip 24 34986 Country 25 US	City & State 28 Port St. Lucie, FL Zip 29 34986 Country 30 US

9. Name and Address of Current Registered Agent WINGFIELD, T S 2100 RESERVE PARK TRACE PORT ST LUCIE FL 34986	10. Name and Address of New Registered Agent 81 Name John C. Csapo 82 Street Address (P.O. Box Number is Not Acceptable) 9700 Reserve Blvd. 83 84 City Port St. Lucie FL 85 Zip Code 34986
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11. Pursuant to the provisions of Sections 617.0502 and 607.1508, 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]* DATE **4/28/98**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME WINGFIELD, T S	
STREET ADDRESS 7230 RESERVE CREEK DRIVE	
CITY-ST-ZIP PORT ST LUCIE FL 34986	
TITLE VSTD	<input checked="" type="checkbox"/> DELETE
NAME PERKINS, CHRISTINE	
STREET ADDRESS 1801 OLEANDER BLVD.	
CITY-ST-ZIP FORT PIERCE FL 34950	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PDs	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Csapo, John C.	
1.3 STREET ADDRESS 9700 Reserve Blvd.	
1.4 CITY-ST-ZIP Port St. Lucie, FL 34986	
2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Tompson, John R.	
2.3 STREET ADDRESS 9700 Reserve Blvd.	
2.4 CITY-ST-ZIP Port St. Lucie, FL 34986	
3.1 TITLE ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Daniel, Christie	
3.3 STREET ADDRESS 9700 Reserve Blvd.	
3.4 CITY-ST-ZIP Port St. Lucie, FL 34986	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Robert Vail	
4.3 STREET ADDRESS 9700 Reserve Blvd.	
4.4 CITY-ST-ZIP Port St. Lucie, FL 34986	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* DATE **4/28/98**

CFR2037 (10/97)