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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14237 (4)

1. Corporation Name

CYPRESS ELEMENTARY P.T.O., INC.



Principal Place of Business

Mailing Address

**10055 SWEET BAY CT
NEW PORT RICHEY FL 34654
US**

**C/O PTO PRESIDENT
10055 SWEET BAY CT
NEW PORT RICHEY FL 34654
US**

3. Date Incorporated or Qualified

04/08/1986

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDS, CYNTHIA
10305 COPPERWOOD DRIVE
NEW PORT RICHEY FL 34654**

81

Name

SEGALLA, ANTHONY

82

Street Address (P.O. Box Number is Not Acceptable)

7337 AMERICA WAY

83

84

City

NEW PORT RICHEY

FL

85

Zip Code

34654

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 or officer (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

4-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☒ DELETE

NAME

SANDS, CYNTHIA

STREET ADDRESS

10305 COPPERWOOD DR

CITY - ST - ZIP

NEW PORT RICHEY FL

TITLE

VD

☒ DELETE

NAME

SEGALLA, TONY

STREET ADDRESS

7337 AMERICA WAY

CITY - ST - ZIP

NEW PORT RICHEY FL

TITLE

SD

☒ DELETE

NAME

GIGLIO, JOANNE

STREET ADDRESS

10635 CASEY DR

CITY - ST - ZIP

NEW PORT RICHEY FL

TITLE

TD

☒ DELETE

NAME

POTARIS, WILLIAM

STREET ADDRESS

10236 TURKEY OAK DR

CITY - ST - ZIP

NEW PORT RICHEY FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

PD

☒ Change ☐ Addition

1.2 NAME

SEGALLA, ANTHONY

1.3 STREET ADDRESS

7337 AMERICA WAY

1.4 CITY - ST - ZIP

NEW PORT RICHEY FL 845-1292

2.1 TITLE

VD

☒ Change ☐ Addition

2.2 NAME

SUSAN APPLIGATE

2.3 STREET ADDRESS

12114 LUCILLE DE

2.4 CITY - ST - ZIP

HUDSON FL 34669

3.1 TITLE

SD

☒ Change ☐ Addition

3.2 NAME

CAROL KENNEDY

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

TD

☒ Change ☐ Addition

4.2 NAME

ANGIE

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

ANTHONY SEGALLA

4-22-96

845-1292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)