

2-14-97 B-1934 C
FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 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 # N38596 (5)

1. Corporation Name

CYPRESS COVE OF JUPITER HOMEOWNERS ASSOCIATION,
INC.

Principal Place of Business

120 OLYMPUS WAY
JUPITER FL 33477

Mailing Address

P.O. BOX 8792
JUPITER FL 33468-8792



3. Date Incorporated or Qualified 06/12/1990	3a. Date of Last Report 03/30/1996
4. FEI Number 65-0228334	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 725 N. A1A

Suite, Apt. #, etc.
C-110

22 City & State
Jupiter, FL.

23 Zip 33477 Country Palm Beach

2a. Mailing Address

26 103 So. US 1

Suite, Apt. #, etc.
F5-135

27 City & State
Jupiter, FL.

28 Zip 33477 Country Palm Beach

9. Name and Address of Current Registered Agent

LEVINE, JAY STEVEN
LEVINE, FRANK & EDGAR PA.
3300 PGA BLVD, SUITE 500
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD REYNOLDS, ROBERT 6804 CYPRESS COVE CIRCLE JUPITER FL 33458	1.1 TITLE	President PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James E. Rich
NAME		1.2 NAME	19177 Tamara Lane
STREET ADDRESS		1.3 STREET ADDRESS	Jupiter, FL. 33458
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HARTMAN, JERRY B. 120 OLYMPUS WAY JUPITER FL	2.1 TITLE	Vice President VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard E. Murphy
NAME		2.2 NAME	6822 Cypress Cove Circle
STREET ADDRESS		2.3 STREET ADDRESS	Jupiter, FL. 33458
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD MCGUIRE, PRISCILLA 6797 CYPRESS COVE CIRCLE JUPITER FL 33458	3.1 TITLE	Secretary SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Karen Turiano
NAME		3.2 NAME	6989 Cypress Cove Circle
STREET ADDRESS		3.3 STREET ADDRESS	Jupiter, FL. 33458
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD JOHNSON, SUSAN 6815 CYPRESS COVE CIRCLE JUPITER FL 33458	4.1 TITLE	Treasurer TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lisa Munns
NAME		4.2 NAME	6845 Cypress Cove Circle
STREET ADDRESS		4.3 STREET ADDRESS	Jupiter, FL. 33458
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD SMITH, SUSAN 19195 TAMARA LANE JUPITER FL 33458	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ester Hartman
NAME		5.2 NAME	120 Olympus Way
STREET ADDRESS		5.3 STREET ADDRESS	Jupiter, FL. 33458
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0044223

CR2E037 (9/96)