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Jan 27 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 # **N10691** (6)
1. Corporation Name
GREAT CYPRESS VILLAGE HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business GREAT CYPRESS HOA 16816 CAMILLE STREET HUDSON FL 34667 US	Mailing Address 16816 CAMILLE ST HUDSON FL 34667 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/14/1985	
4. FEI Number 59-2571518	Applied For <input checked="" 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	

9. Name and Address of Current Registered Agent
**BECKER AND POLIAKOFF
33 N GARDEN AVE
SUITE 960
CLEARWATER FL 34615**

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	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	NEUROTH, JOAN
STREET ADDRESS	10332 DEKOSTER AVENUE
CITY-ST-ZIP	HUDSON FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BEALS, CARLETON
STREET ADDRESS	16825 CAMILLE STREET
CITY-ST-ZIP	HUDSON FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	FROISETH, ANNETTE
STREET ADDRESS	10407 MARINEETE AVENUE
CITY-ST-ZIP	HUDSON FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	BABIGIAN, BABIG
STREET ADDRESS	16802 CAMILLE ST
CITY-ST-ZIP	HUDSON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PAQUETTE, DONALD
STREET ADDRESS	16811 OLIVAUD STREET
CITY-ST-ZIP	HUDSON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GLINSKI, ALBERT
STREET ADDRESS	16912 HARLEY STREET
CITY-ST-ZIP	HUDSON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ward, Max
1.3 STREET ADDRESS	16806 Olivaud St
1.4 CITY-ST-ZIP	Hudson FL
2.1 TITLE	King, Don <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	10234 DeKoster Ave.
2.3 STREET ADDRESS	Hudson, FL
2.4 CITY-ST-ZIP	
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dorr, Carol
3.3 STREET ADDRESS	16839 Olivaud St
3.4 CITY-ST-ZIP	Hudson, FL
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sykes, Frank
4.3 STREET ADDRESS	10325 Marinette Ave.
4.4 CITY-ST-ZIP	Hudson, FL
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gourre, Doris
5.3 STREET ADDRESS	10307 Marinette Ave
5.4 CITY-ST-ZIP	Hudson, FL
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ferrier, John
6.3 STREET ADDRESS	16825 Olivaud St
6.4 CITY-ST-ZIP	Hudson, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Max W. Ward* **RE MAX W. WARD** *Jan 7-98 869-2665*

CR2E037 (10/97)