


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000003704 (2) 1. Corporation Name CYPRESS PINES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 11752 HOMESTEAD ROAD LEHIGH ACRES FL 33936-7606 US			Mailing Address 11752 HOMESTEAD RD LEHIGH ACRES FL 33936-7606 US		



21. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1995	
22. Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number 65-0397136	
23. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		29. Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SMALLWOOD, ELMER (JEAN) 11752 HOMESTEAD ROAD LEHIGH ACRES FL 33936				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	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MODANIEL, KENNY			1.2 NAME	ELMER SMALLWOOD		
STREET ADDRESS	11750 HOMESTEAD RD			1.3 STREET ADDRESS	19923 LAKE VISTA CIRCLE		
CITY-ST-ZIP	LEHIGH ACRES FL 33936-7606			1.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936-7606		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLYNN, CHUCK			2.2 NAME			
STREET ADDRESS	20003 LAKE VISTA CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMALLWOOD, JEAN			3.2 NAME			
STREET ADDRESS	19923 LAKE VISTA CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOSSETT, MARVIN H.			4.2 NAME	GEORGE SWITZER		
STREET ADDRESS	20083 LAKE VISTA CIRCLE			4.3 STREET ADDRESS	20049 PETRUCKA CIRCLE		
CITY-ST-ZIP	LEHIGH ACRES FL 33936			4.4 CITY-ST-ZIP	LEHIGH ACRES FL 33936-7606		
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNN, JACK			5.2 NAME			
STREET ADDRESS	19913 LAKE VISTA CIR			5.3 STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL 33936			5.4 CITY-ST-ZIP			
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: *JEAN M. SMALLWOOD*

JAN. 29, 1998 369-2081

CR2E037 (10/97)