## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

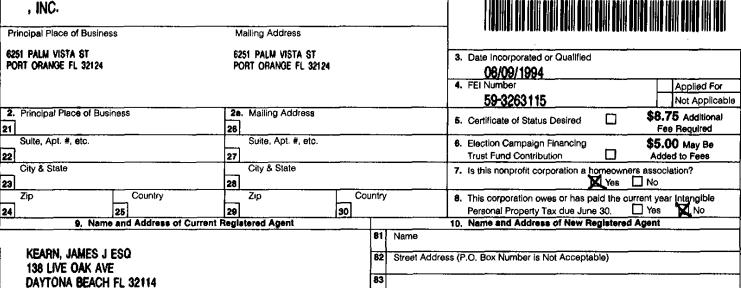
DOCUMENT #

N9400003903 (1)

CYPRESS HEAD RESIDENTIAL HOMEOWNER'S ASSOCIATION

Principal Place of Business Mailing Address 6251 PALM VISTA ST 6251 PALM VISTA ST

## FILED Mar 13 1998 8:00am Secretary of State



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

City

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	DPST	☐ DELET <b>e</b>	1.1 TITLE		☐ Change	☐ Addition
NAME	JUSTICE, PAUL S		1.2 NAME			
STREET ADDRESS	6251 PALM VISTA ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32124		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TATLE		Change	Addition
NAME	<b>D</b> ESKINS, WILLIAM		2.2 NAME			·
STREET ADDRESS	6251 PALM VISTA ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32124		2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	9.1 TITLE		☐ Change	☐ Addition
NAME	HURT, JEFFREY K		3.2 NAME			
STREET ADDRESS	6251 PALM VISTA ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32124		3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE	<del></del>	☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	···	☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
OTV ET 710			SACITY OF TID			

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.

CIGNATURE:

Zip Code