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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17208**

1. Corporation Name
CYPRESS SPRINGS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1208 WINTER PARK FL 32790-1208 US	P.O. BOX 1208 WINTER PARK FL 32790-1208 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/09/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2762596 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PHILLIPS, ROGER V
1350 ORANGE AVENUE, SUITE 100
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Attwood Phillips, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 1350 Orange Avenue, Suite 100
83
84 City: Winter Park FL 85 Zip Code: 32789

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: Roger V. Phillips — 1/12/99
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	D	☐ DELETE	1.1 TITLE	T/D	☒ Change ☐ Addition
NAME	CONWAY, MICHAEL		1.2 NAME	Keith Kiebzak	
STREET ADDRESS	1870 BRANCHWATER TRAIL		1.3 STREET ADDRESS	1837 Blue Fox Ct	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando FL 32825	
TITLE	PD	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HAUGHTON, DAN		2.2 NAME	Angie Santiago	
STREET ADDRESS	1648 CYPRESS RDIGE DR		2.3 STREET ADDRESS	1954 Branchwater Trail	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PHILLIPS, JANE		3.2 NAME	Lester Kisling	
STREET ADDRESS	10200 FORGET ME NOT COURT		3.3 STREET ADDRESS	10778 Spring Brook Lane	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	T	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KIEBZAK, KEITH		4.2 NAME	Geoffrey E. Longstreet	
STREET ADDRESS	1837 BLUE FOX COURT		4.3 STREET ADDRESS	1823 Hollow Reed Ct	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SANTIAGO, ANGIE		5.2 NAME	Lorraine Scott	
STREET ADDRESS	1954 BRANCHWATER TRAIL		5.3 STREET ADDRESS	10699 Satinwood Circle	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HEMPSTEAD, DEBRA		6.2 NAME		
STREET ADDRESS	1724 BUCKHORN PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGN HERE REQUIRED — 1/20/99 — (407) 275-5024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #