

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729140 (4)
1. Corporation Name
CYPRESS WOODS, INC.



Principal Place of Business: **4800 CYPRESS WOODS DRIVE ORLANDO FL 32811**
Mailing Address: **4800 CYPRESS WOODS DRIVE ORLANDO FL 32811**

3. Date Incorporated or Qualified: **03/22/1974**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-2077076** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**MAYO, JOANNE B
4800 CYPRESS WOODS DRIVE
ORLANDO 32811**

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 | P <input type="checkbox"/> DELETE |
| NAME | RITZMANN, WALTER |
| STREET ADDRESS | 5327 INDIAN CREEK DRIVE |
| CITY-ST-ZIP | ORLANDO, FL 00000 |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | LENTSCH, RICHARD |
| STREET ADDRESS | 5414 PINE CREEK DR |
| CITY-ST-ZIP | ORLANDO, FL 00000 |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | LAWRENCE, HARRIET |
| STREET ADDRESS | 5302 JASMINE CREEK LANE |
| CITY-ST-ZIP | ORLANDO, FL 00000 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | KAZAROS, DIANE |
| STREET ADDRESS | 5332 BURNING TREE DR |
| CITY-ST-ZIP | ORLANDO, FL 00000 |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | DAVEY, JAMES E. |
| STREET ADDRESS | 5320 PEBBLE BEACH DR |
| CITY-ST-ZIP | ORLANDO, FL 00000 |
| TITLE | VP <input type="checkbox"/> DELETE |
| NAME | THOMPSON, GREGORY L. |
| STREET ADDRESS | 4838 PEBBLE BEACH DR |
| CITY-ST-ZIP | ORLANDO, FL 00000 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Mayo, Joanne B. |
| 5.3 STREET ADDRESS | 5411 Pine Creek Drive |
| 5.4 CITY-ST-ZIP | Orlando, FL. 32811 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Walter Ritzmann* **Walter Ritzmann, Pres. 4/10/96 (407)425-5243**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)