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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
4800 CYPRESS WOODS DRIVE ORLANDO FL 32811 4800 CYPRESS WOODS DRIVE ORLANDO FL 32811-3721

3. Date Incorporated or Qualified 03/22/1974 3a. Date of Last Report 04/17/1996

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

4. FEI Number 59-2077076 Applied For Not Applicable
6. 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

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 *Joanne B. Mayo* Association Manager 4/10/97
Signature, typed or printed name of registered agent and title if applicable. (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	D <input type="checkbox"/> DELETE
NAME	LAWRENCE, HARRIET
STREET ADDRESS	5302 JASMINE CREEK LANE
CITY-ST-ZIP	ORLANDO, FL 00000
TITLE	S <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	MAYO, JOANNE B.
STREET ADDRESS	5411 PINE CREEK 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	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ritzmann, Walter
1.3 STREET ADDRESS	5327 Indian Creek Drive
1.4 CITY-ST-ZIP	Orlando, FL. 32811
2.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lentsch, Richard
2.3 STREET ADDRESS	5414 Pine Creek Drive
2.4 CITY-ST-ZIP	Orlando, FL. 32811
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lawrence, Harriet
3.3 STREET ADDRESS	5302 Jasmine Creek Lane
3.4 CITY-ST-ZIP	Orlando, FL. 32811
4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kazaros, Diane
4.3 STREET ADDRESS	5332 Burning Tree Drive
4.4 CITY-ST-ZIP	Orlando, FL. 32811
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hiribarni, Berni
5.3 STREET ADDRESS	5317 Indian Creek Drive
5.4 CITY-ST-ZIP	Orlando, FL. 32811
6.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Thompson, Gregory L.
6.3 STREET ADDRESS	4838 Pebble Beach Drive
6.4 CITY-ST-ZIP	Orlando, FL. 32811

14. I do 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: *Walter Ritzmann* SIGNATURE REQUIRED: *Walter Ritzmann*

CR2E037 (9/96)