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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/22/1974	
4. FEI Number 59-2077076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	John S. Fohl
82 Street Address (P.O. Box Number is Not Acceptable)	4800 Cypress Woods Dr.
83	
84 City	Orlando FL 85 32811

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: *John S. Fohl* DATE: **1/30/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>Walter Ritzmann</i>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Piersa, Carol
5.3 STREET ADDRESS	5362 Burning Tree Dr.
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Pres.* DATE: **1-30-98** DAYTIME PHONE # **407-425-8243**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)