

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90002 003 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 729140**

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

244926 - 90002 - 3



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/22/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2077076	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FOHL, JOHN S 4800 CYPRESS WOODS DR ORLANDO 32811				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
		FL					

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RITZMANN, WALTER		1.2 NAME		
STREET ADDRESS	5327 INDIAN CREEK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LENTSCH, RICHARD		2.2 NAME		
STREET ADDRESS	5414 PINE CREEK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWRENCE, HARRIET		3.2 NAME		
STREET ADDRESS	5302 JASMINE CREEK LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		3.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAZAROS, DIANE		4.2 NAME		
STREET ADDRESS	5332 BURNING TREE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERSA, CAROL		5.2 NAME		
STREET ADDRESS	5362 BURNING TREE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000 32811		5.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, GREGORY L.		6.2 NAME		
STREET ADDRESS	4838 PEBBLE BEACH DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		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)(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: Gregory L. Thompson **REQUIRE SIGNATURE** 1-19-99 407-843253  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

244926-90002-3  
729140

**Cypress Woods, Inc.**  
4800 CYPRESS WOODS DRIVE  
ORLANDO, FLORIDA 32811  
(407) 425-2373

TO Ev Dept of State

DATE 1/4/98  
RE Offices/Dir.  
59-2077076

MEMORANDUM

and the following Directors/Officers - SEC. 12

JANET FITZMANN - VP      MATHEW HELSONY - S  
5327 Indian Creek Dr.      5308 Pebble Beach Dr  
Orlando 32811              Orlando 32811

John S. Ford, Mgr.