

FILE NOW: FILING FEE IS \$61.25

FILED

May 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 # 740949 (3)

1. Corporation Name
CYPRESS PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 140 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060	Mailing Address 140 SOUTH CYPRESS ROAD POMPANO BEACH FL 33060-7098
---	--

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/05/1977		3a. Date of Last Report 03/06/1996	
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27		4. FEI Number 59-1794588		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BECKER, POLIAKOFF, STREITFELD, P.A. EMERALD LAKE CORPORATE PARK 3444 STIRLING ROAD FT. LAUDERDALE FL 33321-3525				10. Name and Address of New Registered Agent 81 Name CREST PRO P MGMT, INC 82 Street Address (P.O. Box Number is Not Acceptable) 4700 HIATUS RD #156 83 (PO BOX 452347) 84 City SUNRISE, FL 85 Zip Code 33351			
---	--	--	--	---	--	--	--

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: *[Signature]* **Agent** DATE: **4/23/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	JOHN APPELLO	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	KERWIN, ROBERT		1.2 NAME	140 S. CYPRESS RD #113			D.
STREET ADDRESS	P.O. BOX 6175 STA. 11A		1.3 STREET ADDRESS	POMPANO Bch, FL. 33060			
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	GEORGE RIEGEL	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	D.
NAME	WEBER, PAUL		2.2 NAME	140 S. CYPRESS RD #124			
STREET ADDRESS	190 S CYPRESS RD APT #626		2.3 STREET ADDRESS	POMPANO Bch, FL 33060			
CITY-ST-ZIP	POMPANO BEACH FL 33060		2.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	MARGARET NORTHME	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	D.
NAME	BEVERNHEIMER, JOHN		3.2 NAME	132 S. CYPRESS RD #518			
STREET ADDRESS	128 S. CYPRESS ROAD APT. 813		3.3 STREET ADDRESS	POMPANO Bch, FL 33060			
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	MARCIA McKEE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	VP/Sec
NAME	GRUTZMACHER, DOROTHY M.		4.2 NAME	130 S. CYPRESS RD. #615			
STREET ADDRESS	126 S CYPRESS RD #718		4.3 STREET ADDRESS	POMPANO Bch, FL 33060			
CITY-ST-ZIP	POMPANO BEACH FL 33060		4.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KERWIN, ROBERT		5.2 NAME				
STREET ADDRESS	P.O. BOX 6175 STATE 11A		5.3 STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	JOSEPH CLARK	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	Tres
NAME	BEVERNHEIMER, JOHN		6.2 NAME	140 S. CYPRESS RD #215			
STREET ADDRESS	126 S CYPRESS ROAD APT #813		6.3 STREET ADDRESS	POMPANO Bch, FL 33060			
CITY-ST-ZIP	POMPANO BEACH FL 33060		6.4 CITY-ST-ZIP				

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: *[Signature]*

CR2E037 (9/96)