FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:52

DOCUMENT # **753801** **(0)**

1. Corporation Name

CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
108 CYPRESS BLVD. WEST HOMOSASSA FL 32646	108 CYPRESS BLVD. WEST HOMOSASSA FL 32646

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1980
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2441506 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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

COOLEY, RUSSELL E.
2 MASTIC COURT WEST
HOMOSASSA FL 32646

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 607.0502 and 607.1508, 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 607.0505, 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	~~VD~~	11 TITLE	PD ☒ Change ☐ Addition
NAME	~~CIUPPA, IRENE~~	12 NAME	SHIRIKIAN, STEPHEN
STREET ADDRESS	~~2 W JUNGLEPLUM CT~~	13 STREET ADDRESS	62 BYRSONIMA CIRCLE
CITY-ST-ZIP	~~HOMOSASSA FL~~	14 CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	~~D~~	21 TITLE	VD ☒ Change ☐ Addition
NAME	ACTON, NORMAN	22 NAME	
STREET ADDRESS	31 LEMINGTON CT	23 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	STRAIGHT, MARIE	32 NAME	
STREET ADDRESS	6 SANDPINE CT W	33 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BUCK, LOUIS	42 NAME	
STREET ADDRESS	10 COLUBRINA CT	43 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	44 CITY-ST-ZIP	
TITLE	~~D~~	51 TITLE	D ☐ Change ☒ Addition
NAME	~~WAHL, DONALD~~	52 NAME	COOPER, JAMES
STREET ADDRESS	~~19 FOX GREEN CT~~	53 STREET ADDRESS	16 W BYRSONIMA CT
CITY-ST-ZIP	~~HOMOSASSA FL~~	54 CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	~~PD~~	61 TITLE	D ☒ Change ☐ Addition
NAME	HOPKINS, ROBERT	62 NAME	
STREET ADDRESS	6 FOX GREEN CT	63 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	64 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)(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: Stephen Shirikian, President 4/5/95 904-382-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064838

753801

Line 12. (Continued)

OFFICERS AND DIRECTORS:

SD — Addition
ROBBINS, JERRY
7 N BONNIE CT
HOMOSASSA, FL 34446

D — Addition
RUSSO, RALPH
5 S POPLAR CT
HOMOSASSA, FL 34446

D
LAFFERTY, MELVIN
3 W MEDINAH DR
HOMOSASSA, FL 34446