5-8-98 B 6914 C

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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 08/18/1980

4. FEI Number: 59-2441506 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) (27)

City & State (23) (28)

Zip (24) Country (25) | Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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: HARVEY B. HOFFMAN
82 Street Address (P.O. Box Number is Not Acceptable): 7165 International Ct. W.
83
84 City: Homosassa FL 85 Zip Code: 34446

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: Harvey B Hoffman 4-7-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	JERRY ROBBINS		1.2 NAME	Irene Ciuppa	
STREET ADDRESS	7 N. BONNIE COURT		1.3 STREET ADDRESS	2 West Junglepum Ct.	
CITY-ST-ZIP	HOMOSASSA FL		1.4 CITY-ST-ZIP	Homosassa FL	
TITLE	D	☒ DELETE	2.1 TITLE	V. Pres.	☐ Change ☐ Addition
NAME	CHESTFIELD, LEONARD		2.2 NAME	Dr. Russell A. VanDyke	
STREET ADDRESS	140 DOUGLAS ST		2.3 STREET ADDRESS	34 South Mayflower Ct.	
CITY-ST-ZIP	HOMOSASSA FL		2.4 CITY-ST-ZIP	Homosassa	
TITLE	VD	☒ DELETE	3.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	CIUPPA, IRENE		3.2 NAME	Marie Straight	
STREET ADDRESS	2 JUNGLEPLUM CT W		3.3 STREET ADDRESS	7165 International Ct. W.	
CITY-ST-ZIP	HOMOSASSA FL		3.4 CITY-ST-ZIP	Homosassa	
TITLE	D	☒ DELETE	4.1 TITLE	Burl Keys - Director	☐ Change ☐ Addition
NAME	HUTSON, FRANK		4.2 NAME	33 Hawthorne Court	
STREET ADDRESS	1 JUNGLEPLUM CT S		4.3 STREET ADDRESS	Homosassa FL	
CITY-ST-ZIP	HOMOSASSA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, HARRY		5.2 NAME		
STREET ADDRESS	3 SHUMARD CCT S		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSSA FL		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	PORCCELLO, ELIZABETH		6.2 NAME	Russ Fee	
STREET ADDRESS	32 BYRSONIMA LP W		6.3 STREET ADDRESS	66 Douglas St.	
CITY-ST-ZIP	HOMOSASSA FL		6.4 CITY-ST-ZIP	Homosassa FL	

CR2E037 (10/97)

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.

SIGNATURE: Harvey B Hoffman 4-7-98 352-382-2440
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR DIRECTOR Date Daytime Phone #