

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



DEPARTMENT OF STATE
JANET B. MURPHY
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756520 (3)
CYPRESS CREEK VILLAS OF CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.

FILED

95 FEB 28 AM 4:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
9065 W. SAMPLE RD.
SUITE 203-A
CORAL SPRINGS FL 33065

Mailing Address
9065 W. SAMPLE RD.
SUITE 203-A
CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified 02/25/1981	3a. Date of Last Report 02/22/1994
4. FEI Number 59-2027703	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. 190.032, Florida Statutes ☒ Yes ☐ 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
BLYLER WILLIAM E.
1881 UNIVERSITY DR.
SUITE 206
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent	
81 Name Anne M Saathoff	85 Zip Code 33065
82 Street Address (P.O. Box Number is Not Acceptable) 9365 W. Sample Rd #203A	
83 City Coral Springs	
84 State FL	

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 *[Signature]* DATE **2/21/95**

12. OFFICERS AND DIRECTORS	
12.1 NAME PD BLYLER WILLIAM	12.2 STREET ADDRESS 1881 UNIVERSITY DR. SUITE 206
12.3 CITY-ST-ZIP CORAL SPRINGS FL 33071	
12.4 NAME TD EPPERLY, RICHARD	12.5 STREET ADDRESS 11602 ROYAL PALM BLVD.
12.6 CITY-ST-ZIP CORAL SPRINGS FL 33065	
12.7 NAME SD CASINO, JOHN	12.8 STREET ADDRESS 11624 ROYAL PALM BLVD.
12.9 CITY-ST-ZIP CORAL SPRINGS FL 33065	
12.10 NAME	12.11 STREET ADDRESS
12.12 CITY-ST-ZIP	
12.13 NAME	12.14 STREET ADDRESS
12.15 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE PID Denise M. Pernice	☒ Change ☐ Addition
13.2 NAME 11618 Royal Palm Blvd	
13.3 STREET ADDRESS Coral Springs, FL 33065	
13.4 CITY-ST-ZIP	
13.5 TITLE TID Herbert Silver	☒ Change ☐ Addition
13.6 NAME 3640 NW 102 Ave	
13.7 STREET ADDRESS Coral Springs, FL 33065	
13.8 CITY-ST-ZIP	
13.9 TITLE SID Anthony Schiano	☒ Change ☐ Addition
13.10 NAME 12125 Glenmore Dr	
13.11 STREET ADDRESS Coral Springs, FL 33071	
13.12 CITY-ST-ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-ST-ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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 110.07(3)(b), 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. I am an officer or director of the corporation or the record or business empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attached sheet with an address.

SIGNATURE: *[Signature]* DATE: **2/21/95** (305) 752-4796