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Apr 02 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 # 758735 (5)

CYPRESS RUN GOLF CLUB, INC.



Principal Place of Business Mailing Address
2669 ST. ANDREWS BLVD. 2669 ST. ANDREWS BLVD.
TARPON SPRINGS FL 34689-6310 TARPON SPRINGS FL 34689-6310

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 06/12/1981 3a. Date of Last Report 04/08/1996
4. FEI Number 59-2121717 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REESE, MICHAEL K.
696 1ST AVE. N.
ST PETERSBURG FL 33701

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

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME STILL, WILLIAM R
STREET ADDRESS 696 ROYAL BIRKDALE DR
CITY-ST-ZIP TARPON SPRINGS FL
TITLE VPD DELETE
NAME RICHARDS, TOM
STREET ADDRESS 2670 ST ANDREWS BLVD
CITY-ST-ZIP TARPON SPRINGS FL
TITLE TD DELETE
NAME MOLLOY, EARL F.
STREET ADDRESS 2600 ST. ANDREWS BLVD.
CITY-ST-ZIP TARPON SPRINGS FL
TITLE SD DELETE
NAME SCHWARTZ, HERBERT
STREET ADDRESS 2922 ST. ANDREWS BLVD.
CITY-ST-ZIP TARPON SPRINGS FL
TITLE D DELETE
NAME CHIPOURAS, PETER A
STREET ADDRESS 161 ANNWOOD ROAD
CITY-ST-ZIP PALM HARBOR FL
TITLE D DELETE
NAME DEMPSTER, RICHARD V
STREET ADDRESS 900 ROYAL BIRKDALE DR
CITY-ST-ZIP TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE VPD Change Addition
1.2 NAME DEMPSTER, RICHARD V.
1.3 STREET ADDRESS 900 ROYAL BIRKDALE DR.
1.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689
2.1 TITLE D Change Addition
2.2 NAME RICHARDS, TOM
2.3 STREET ADDRESS 2670 ST. ANDREWS BLVD.
2.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689
3.1 TITLE D Change Addition
3.2 NAME LANE, WILL "B111" N.
3.3 STREET ADDRESS 623 TESSIER DRIVE
3.4 CITY-ST-ZIP TARPON SPRINGS, FL 34689
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 a 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.

CR2E037 (9/96)