

**FILE NOW: FILING FEE IS \$61.25**

1 of 2

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763663 (2)**

1. Corporation Name  
**CYPRESS RUN PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>2669 ST. ANDREWS BLVD                  TARPON SPRINGS FL 34689-6310</b>	Mailing Address <b>2669 ST. ANDREWS BLVD                  TARPON SPRINGS FL 34689-6310</b>
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3. Date Incorporated or Qualified <b>06/14/1982</b>	3a. Date of Last Report <b>05/01/1995</b>
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21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number <b>59-2319765</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TANKEL, ROBERT L., ESQ.  
 1150 CLEVELAND ST.  
 SUITE 420  
 CLEARWATER FL 33515-6933**

10. Name and Address of New Registered Agent

81. Name  
~~Rayburn, Laura, P.A.~~ / **LAURA J. RAYBURN, P.A.**

82. Street Address (P.O. Box Number is Not Acceptable)  
**1968 Bayshore Blvd.**

83. City  
**Dunedin**

84. State  
**FL**

85. Zip Code  
**34698**

I, 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 Laura J. Rayburn, P.A. *[Signature]* **4/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKMAN, BILL G</b>	1.2 NAME	
STREET ADDRESS	<b>1049 ROYAL BIRKDALE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UNICE, T.R.</b>	2.2 NAME	
STREET ADDRESS	<b>853 ROYAL BIRKDALE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRAGUE, JACK</b>	3.2 NAME	
STREET ADDRESS	<b>623 ROYAL DORNOCH CT.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAIN, NARESH</b>	4.2 NAME	
STREET ADDRESS	<b>2797 ST. ANDREWS BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMITZ, ROY</b>	5.2 NAME	
STREET ADDRESS	<b>2801 LIVERPOOL DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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**SD**  
 Van Schenck, Vicky  
 2602 Royal Liverpool Dr.  
 Tarpon Springs, FL 34689

**D**  
 Borruso, Anthony  
 890 Royal Birkdale Dr.  
 Tarpon Springs, FL 34689

**D**  
 Hennig, Richard  
 2630 St. Andrews Blvd.  
 Tarpon Springs, FL 34689

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)(k), 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] **Bill G. Hickman**  
 President  
 4-10-96 (813) 938-3774

CR2E037 (12/95)

5-28-96  
 QEB

#763663  
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Office  
(813) 938-3774



Cypress Run Property Owners Assn.  
2669 St. Andrews Boulevard  
Tarpon Springs, FL 34689

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#59-2319765

Addition

D  
Ritchie, JoAnn  
888 Royal Birkdale Dr.  
Tarpon Springs, FL 34689