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May 08 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 # 763663 (2)
1. Corporation Name
CYPRESS RUN PROPERTY OWNERS' ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 06/14/1982
3a. Date of Last Report: 05/28/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2319765	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

RAYBURN, LAURA J., P.A.
1968 BAYSHORE BOULEVARD
DUNEDIN FL 34688

81 Name: Robert L. Tankel, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): ~~2651 McGovern Drive~~
83: 1299 Main ST Suite F
84 City: Clearwater, Dunedin FL 85 Zip Code: 34619

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: *Robert L Tankel* DATE: 4/2/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HICKMAN, BILL G 1049 ROYAL BIRKDALE DR TARPON SPRINGS FL	1.1 TITLE	VP Wannamaker, Ann 956 Royal Birkdale Drive Tarpon Springs, FL 34689
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD UNICE, T.R. 853 ROYAL BIRKDALE DR TARPON SPRINGS FL	2.1 TITLE	PD Unice, T.R. 853 Royal Birkdale Dr. Tarpon Springs, FL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD SPRAGUE, JACK 623 ROYAL DORNOCH CT. TARPON SPRINGS FL	3.1 TITLE	TD Still, Lyn 896 Royal Birkdale Drive Tarpon Springs, FL
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD VAN SCHENCK, VICKY 2602 ROYAL LIVERPOOL DRIVE TARPON SPRINGS FL 34689	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BORRUSO, ANTHONY 890 ROYAL BIRKDALE DRIVE TARPON SPRINGS FL 34689	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D HENNIG, RICHARD 2630 ST. ANDREWS BLVD TARPON SPRINGS FL 34689	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *V. C. Van Schenck* REQUIRED: Van Schenck 04/24/97 (813)938-3774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068067

CR2E037 (9/96)