


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2669 ST. ANDREWS BLVD TARPON SPRINGS FL 34689-6310	Mailing Address 2669 ST. ANDREWS BLVD TARPON SPRINGS FL 34689-6310
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3. Date Incorporated or Qualified 06/14/1982	4. FEI Number 59-2319765	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
**TANKEL, ROBERT L PA
1209 MAIN ST SUITE F
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WANNAMAKER, ANN		1.2 NAME Wannamaker, Ann	
STREET ADDRESS 956 ROYAL BIRKDALE DRIVE		1.3 STREET ADDRESS 956 Royal Birkdale Drive	
CITY-ST-ZIP TARPON SPRINGS FL		1.4 CITY-ST-ZIP Tarpon Springs, FL 34689	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME UNICE, T.R.		2.2 NAME Brewer, Arnold	
STREET ADDRESS 853 ROYAL BIRKDALE DR		2.3 STREET ADDRESS 1040 Royal Birkdale Drive	
CITY-ST-ZIP TARPON SPRINGS FL		2.4 CITY-ST-ZIP Tarpon Springs, FL 34689	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STILL, LYN		3.2 NAME	
STREET ADDRESS 898 ROYAL BIRKDALE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAN SCHENCK, VICKY		4.2 NAME	
STREET ADDRESS 2802 ROYAL LIVERPOOL DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL 34689		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BORRUSO, ANTHONY		5.2 NAME	
STREET ADDRESS 890 ROYAL BIRKDALE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP TARPON SPRINGS FL 34689		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HENNING, RICHARD		6.2 NAME Barker, Jay	
STREET ADDRESS 2830 ST. ANDREWS BLVD		6.3 STREET ADDRESS 902 Gullane Drive	
CITY-ST-ZIP TARPON SPRINGS FL 34689		6.4 CITY-ST-ZIP Tarpon Springs, FL 34689	

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: Vicky Van Schenck Vicky Van Schenck 03/26/98 (813) 938-3774

CR2E037 (10/97)