NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763663

1. Corporation Name

CYPRESS RUN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

2669 ST. ANDREWS BLVD TARPON SPRINGS FL 34689-6310

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

2669 ST. ANDREWS BLVD TARPON SPRINGS FL 34689-6310

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90161 016 ****61.25



3. Date Incorporated or Qualifed

06/14/1982

Suite, Apt.	#. etc.	1-51	Suite, Apt. #, etc.				7	4. FEI Numb	ber			Apı	olied For	
22	,, , , , ,	27	.					59-231	9765			No	Applicable	
City & State	9	1=:1	City & State									\$8.75 A	dditional	
23			•			1	5. Certifcate	of Status Desi	red		Fee Re	quired		
Zip	Country	28	Zip Co				- 1	6. Election (Campaign Fina	ncina		\$5.00	Mav Be	
24	25	3(30					d Contribution			Added to			
24 25 29 30 9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Ag				Agent			
					81	Name								
TANKEL DODERT I DA					MATTHEW ELLROD 82 Street Address (P.O. Box Number is Not Acceptable)									
TANKEL, ROBERT L PA													ļ	
1299 MAIN ST SUITE F					5901 U.S. 19, SUITE							-		
DUNEDIN FL 34698							NEW	PORT	RICHEY,	FL	<u>34652</u>			
				[8	B4	City					FL	85 Zip C	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 th												changing its	registered	
office or r	edistored agent or both in the State of	Florin	ia. Such change was autr	iorizea i	DV I	he corpora	ation's	board of dire	ectors. I hereby	accept	t the appoi	ntment as reg	istered	
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 Sections 17.0503, Florida Statutes.														
SIGNATURE MATTHEW D. EUROS 9-15-77													\	
40	Signature, typed or printed name of registered agent a	13.	gent	signature requ	uired whe		IS/CHANGES T	O OFF	ICERS AN	D DIRECTO	RS IN 12			
12.	OFFICERS AND	DIKE	☑ DELETE	1.1 1111			PD	ADDITION	10/0/1/11020 1	0 0, ,		∑ Change	Addition	
TITLE	VP		(A) DELETE			1 -			A NTST			(A) change		
NAME	WANNAMAKER, ANN							IAMAKER	•					
STREET ADDRESS	956 ROYAL BIRKDALE DRIVE				1.3 STREET ADDRESS			956 ROYAL BIRKDALE DRIVE						
CITY-ST-ZIP	TARPON SPRINGS FL 34689				/-ST-			ON SPR	INGS, FI	. 34	4689	▼ Change	Addition	
TITLE	VP 😾 DELETE						VPD					- ·		
NAME * * :	BREWER, ARNOLD							VER, AR			- T			
STREET ADDRESS	1						1040 ROYAL BIRKDALE DRIVE							
CITY-ST-ZIP	TARPON SPGS FL 34689		<u> </u>	2. 4 CIT	_	r-ZIP r	TARE	ON SPR	INGS, FI	_341	689		- Addison	
TITLE	TD , "		☐ DELETE	3.1 TITL	E							Change	☐ Addition	
NAME	STILL, LYN			3.2 NAM	Æ	ļ							į	
STREET ADDRESS	896 ROYAL BIRKDALE DRIVE			3.3 STR	EET	ADDRESS								
CITY-ST-ZIP	TARPON SPRINGS FL			3.4. CIT	Y-ST	T-ZIP								
TITLE	SD DELETE		4.1 TTTL	4.1 TITLE							☐ Change	Addition		
NAME	VAN SCHENCK, VICKY			4. 2 NAM	ME									
STREET ADDRESS	2602 ROYAL LIVERPOOL DRIVE			4.3 STR	EET	ADDRESS								
CITY-ST-ZIP	TARPON SPRINGS FL 34689			4.4 CITY	(-ST-	-ZIP								
TITLE	D M DELETE			5.‡ TITLE			D .					☐ Change	Addition	
NAME	BORRUSO, ANTHONY			5.2 NAM	Æ		SCHV	VARTZ,	MAVIS					
STREET ADDRESS	890 ROYAL BIRKDALE DRIVE		,	5.3 STR	EET	ADDRESS	2922	ST. A	NDREWS E	BLVD				
CITY-ST-ZIP	TARPON SPRINGS FL 34689			5.4 CITY	Y-ST				INGS, FI					
TITLE	D		☐ DELETE	6.1 TITL	E							☐ Change	☐ Addition	
NAME	BARKER, JAY			6.2 NAM	Æ	1								
STREET ADDRESS	902 GULLANE DR			6.3 STR	EET.	ADDRESS							,	
CITY-ST-ZIP	TARPON SPRGS FL 34689			6.4 CITY	Y-ST	-ZIP								
OIT IT OIT AIR	VII VI I WO I L 07000													

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, with all other like empowered.

SIGNATURE



03/31/99 (727) 938-3774