FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:31

DOCUMENT # **766070** **(7)**

1. Corporation Name
CYPRESSVIEW PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 5324 SUN CITY CENTER FL 33571-5324 US	P O BOX 5324 SUN CITY CENTER FL 33571-5324 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1982	3a. Date of Last Report: 02/16/1994
4. FEI Number: 59-2262425	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LINSKY, MARK
1509 SUN CITY CENTER PLAZA
SUN CITY CENTER FL 33570

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	FD	☒ Change ☐ Addition
NAME	YOUNG, RICHARD	12 NAME	CABRAL, WALTER	
STREET ADDRESS	1704 AURA CT.	13 STREET ADDRESS	1708 AURA COURT	
CITY-ST-ZIP	SUN CITY CTR FL	14 CITY-ST-ZIP	SUN CITY CENTER, FL	
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	CABRAL, WALTER	22 NAME	YOUNG, RICHARD	
STREET ADDRESS	1708 AURA CT	23 STREET ADDRESS	1704 AURA COURT	
CITY-ST-ZIP	SUN CITY CTR FL	24 CITY-ST-ZIP	SUN CITY CENTER, FL	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	DUGGAN, CAROLYN	32 NAME		
STREET ADDRESS	1733 ATRIUM DR.	33 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CTR FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	DECHENNE, DOLORES A.	42 NAME		
STREET ADDRESS	1704 ATRIUM DR.	43 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CTR FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MAY, GLENN	52 NAME		
STREET ADDRESS	1744 ATRIUM DR	53 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CTR FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Walter Cabral 2/21/95 813-633-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WALTER CABRAL, PRESIDENT

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