

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766070 (7)
1. Corporation Name
CYPRESSVIEW PROPERTY OWNERS' ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **12/10/1982** 3a. Date of Last Report **02/24/1995**
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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRAL, WALTER	1.2 NAME	Zimmer, Jack
STREET ADDRESS	1708 AURA COURT	1.3 STREET ADDRESS	1607 Confy
CITY-ST-ZIP	SUN CITY CTR FL	1.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, RICHARD	2.2 NAME	Richard Kamm
STREET ADDRESS	1708 AURA CT	2.3 STREET ADDRESS	1709 Aura Court
CITY-ST-ZIP	SUN CITY CTR FL	2.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGGAN, CAROLYN	3.2 NAME	Carolyn Duggan
STREET ADDRESS	1733 ATRIUM DR.	3.3 STREET ADDRESS	1733 Atrium Crive
CITY-ST-ZIP	SUN CITY CTR FL	3.4 CITY-ST-ZIP	Sun City Center. FL 33573
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECHEINE, DOLORES A.	4.2 NAME	Dolores Decheine
STREET ADDRESS	1704 ATRIUM DR.	4.3 STREET ADDRESS	1704 Atrium Drove
CITY-ST-ZIP	SUN CITY CTR FL	4.4 CITY-ST-ZIP	Sun City Center. FL 33573
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, GLENN	5.2 NAME	Ray Swenson
STREET ADDRESS	1744 ATRIUM DR	5.3 STREET ADDRESS	1739 Atrium Drive
CITY-ST-ZIP	SUN CITY CTR FL	5.4 CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

Dolores Decheine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96
Date

813-634-8547
Daytime Phone #

CR2E037 (12/95)