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Feb 21 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 # 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

3. Date Incorporated or Qualified  
12/10/1982

3a. Date of Last Report  
04/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2262425

Applied For  
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME ZIMMER, JACK  
STREET ADDRESS 1607 CONFY  
CITY - ST - ZIP SUNCITY CENTER FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VD ☐ DELETE  
NAME KAMM, RICHARD  
STREET ADDRESS 1709 AURA COURT  
CITY - ST - ZIP SUNCITY CENTER FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE SD ☒ DELETE  
NAME DUGGAN, CAROLYN  
STREET ADDRESS 1733 ATRIUM DR.  
CITY - ST - ZIP SUN CITY CTR FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME SD  
3.3 STREET ADDRESS Mogil, Bernard  
3.4 CITY - ST - ZIP 1617 Confy Court  
Sun City Ctr FL

TITLE TD ☐ DELETE  
NAME DECHEINE, DOLORES A.  
STREET ADDRESS 1704 ATRIUM DR.  
CITY - ST - ZIP SUN CITY CTR FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D ☒ DELETE  
NAME SWENSON, RAY  
STREET ADDRESS 1739 ATRIUM DRIVE  
CITY - ST - ZIP SUNCITY CENTER FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME D  
5.3 STREET ADDRESS Disbrow, Russell  
5.4 CITY - ST - ZIP 1710 Atrium Drive  
Sun City Ctr FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Dolores Decheine* **DOLORES DECHEINE, TREAS.** 2/17/97 813-634-8547

CR2E037 (9/96)