

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90132 016 ****61.25

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DOCUMENT # 766070

1. Corporation Name

CYPRESSVIEW PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

P O BOX 5324
SUN CITY CENTER FL 33571-5324
US

Mailing Address

P O BOX 5324
SUN CITY CENTER FL 33571-5324
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/10/1982

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

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 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

TITLE PD ☐ DELETE

NAME ZIMMER, JACK
STREET ADDRESS 1607 COMFY
CITY-ST-ZIP SUNCITY CENTER FL

TITLE VD ☐ DELETE

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

TITLE SD ☐ DELETE

NAME MOGIL, BERNARD
STREET ADDRESS 1617 COMFY COURT
CITY-ST-ZIP SUN CITY CTR FL

TITLE TD ☒ DELETE

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

TITLE D ☐ DELETE

NAME DISBROW, RUSSELL
STREET ADDRESS 1710 ATRIUM DR.
CITY-ST-ZIP SUNCITY CENTER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1607 COMFY COURT
SUN CITY CENTER FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SUN CITY CENTER FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S/T/D

SUN CITY CENTER FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SUN CITY CENTER FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

1/4/99

Date

(813) 633-0478

Daytime Phone #

CR2E037 (11/98)