

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

APPROVED
AND
FILED

95 MAR 15 AM 11:01

DOCUMENT # 766987 (2)

1. Corporation Name
CYRC MASTER ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% PATRICIA RICHARDSON 9854 CALOOSA YACHT & RAQUET CLUB DR.
FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1983 3a. Date of Last Report 03/18/1994
4. FEI Number 65-0018209 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

9. Name and Address of Current Registered Agent
RICHARDSON, PATRICIA
9854 CALOOSA YACHT AND RAQUET CLUB DR
FT MYERS FL 33919

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

12. OFFICERS AND DIRECTORS
TITLE DS
NAME ~~ORR, BARBARA~~
STREET ADDRESS 9854 CAL Y & RAQ CL DR
CITY-ST-ZIP FT. MYERS FL
TITLE DP
NAME COLTON, JERRY
STREET ADDRESS 9854 CAL Y & RAQ CL DR
CITY-ST-ZIP FT MYERS FL
TITLE DVP
NAME ~~TANNER, WILLIAM~~
STREET ADDRESS 9854 CALOOSA YACHT & RAC
CITY-ST-ZIP FT. MYERS FL
TITLE D
NAME ~~REITZ, GERALD~~
STREET ADDRESS 9819-14 HALYARDS COURT
CITY-ST-ZIP FT MYERS FL
TITLE DS
NAME ~~TWENNAPEL, FERN~~
STREET ADDRESS 9854 CAL Y & RAQ CL DR
CITY-ST-ZIP FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME GILLILAND, JOANNE
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME DECARO, JOHN
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME EMLING, ROBERT S.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME MERGLER, HARRY
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Jerry Colton Jerry Colton 3-795 03432716
(Date) (Typed Name)