

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **766987** (2)
1. Corporation Name
CYRC MASTER ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 02/15/1983
3a. Date of Last Report: 03/15/1995

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

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

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | DS GILLILAND, JOANNE 9854 CAL Y & RAQ CL DR FT. MYERS FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | DP COLTON, JERRY 9854 CAL Y & RAQ CL DR FT MYERS FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | DVP DECARO, JOHN 9854 CALOOSA YACHT & RAC FT. MYERS FL | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | D FMLING, ROBERT S 9610 14 HALYARDS COURT FT MYERS FL | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | DS MERGLER, HARRY 9854 CAL Y & RAQ CL DR FT MYERS FL | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 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 | |

| | | |
|--------------------|--------------------------------------|------------------------------------------------------------------------------|
| 3.1 TITLE | D/VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | RYAN, MARY LOUISE | |
| 3.3 STREET ADDRESS | 9854 CALOOSA YACHT & RACQUET CLUB DR | |
| 3.4 CITY-ST-ZIP | FT. MYERS, FL. 33919 | |
| 4.1 TITLE | D/TRES. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | KELLEY, GEORGE | |
| 4.3 STREET ADDRESS | CALOOSA YACHT & RACQUET CLUB DR. | |
| 4.4 CITY-ST-ZIP | FT. MYERS, FL. 33919 | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | BAXTER, BLAIR | |
| 5.3 STREET ADDRESS | 9854 CALOOSA YACHT & RACQUET CLUB DR | |
| 5.4 CITY-ST-ZIP | FT. MEYRS, FL. 33919 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Mary Louise Ryan 2/15/96 94-433-2716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)