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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/15/1983	
4. FEI Number 65-0018209	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code
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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 relistating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME GILLILAND, JOANNE	
STREET ADDRESS 9854 CAL Y & RAQ CL DR	
CITY-ST-ZIP FT. MYERS FL	
TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME COLTON, JERRY	
STREET ADDRESS 9854 CAL Y & RAQ CL DR	
CITY-ST-ZIP FT MYERS FL	
TITLE DVP	<input checked="" type="checkbox"/> DELETE
NAME RYAN, MARY LOUISE	
STREET ADDRESS 9854 CALOOSA YACHT & RACQUET CLUB DR	
CITY-ST-ZIP FT MYERS FL	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME KELLEY, GEORGE	
STREET ADDRESS 9854 CALOOSA YACHT & RACQUET CLUB DR	
CITY-ST-ZIP FT MYERS FL	
TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME BAXTER, BLAIR	
STREET ADDRESS 9854 CALOOSA YACHT & RACQUET CLUB DR	
CITY-ST-ZIP FT MYERS FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Smith, Matthew	
1.3 STREET ADDRESS 9854 Cal y & Raq Cl. Dr	
1.4 CITY-ST-ZIP FT MYERS, FL 33919	
2.1 TITLE V.P. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Harper, Joseph	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE TRES, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Miller, Myron	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE Sec, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Powers, Leonard	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: **ROSEANNA BUNTE REQUIRED** 2/18/98 941-433-2716

CP2E087 (10/97)