


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28, 1999 8:00am
Secretary of State

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01-28-1999 90020 037 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766987
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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/15/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0018209
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, MATTHEW		1.2 NAME	
STREET ADDRESS 9854 CAL Y & REG CL DR		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL 33919		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARPER, JOSEPH		2.2 NAME	
STREET ADDRESS 9854 CAL Y & RAQ CL DR		2.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, MYRON		3.2 NAME	
STREET ADDRESS 9854 CALOOSA YACHT & RACQUET CLUB DR		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POWERS, LEONARD		4.2 NAME	
STREET ADDRESS 9854 CALOOSA YACHT & RACQUET CLUB DR		4.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL		4.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAXTER, BLAIR		5.2 NAME	
STREET ADDRESS 9854 CALOOSA YACHT & RACQUET CLUB DR		5.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL		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	

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 _____

CR2E037 (1/98)