

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 # 767252 (0)

1. Corporation Name
CYPRESS POINT ASSOCIATION, INC.



Principal Place of Business: 12238 TAVARES RIDGE COURT TAVARES FL 32778
Mailing Address: 12238 TAVARES RIDGE COURT TAVARES FL 32778

3. Date Incorporated or Qualified: 03/02/1983
3a. Date of Last Report: 04/07/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2811868	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
SAVAGE, HARRIET
12238 TAVARES RIDGE COURT
TAVARES FL 32778

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SAVAGE, HARRIET P. <input type="checkbox"/> DELETE	1.1 TITLE	D YELLE WATKINS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	12238 TAVARES RIDGE CT TAVARES FL	1.2 NAME	26430 SAVAGE CIRCLE HOWEY, FL
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD CURLEY JOE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1970 MAPLE LEAF DR. WINDERMORE FL	2.2 NAME	DEE PARSONS FRANKLIN D. PARSONS
STREET ADDRESS		2.3 STREET ADDRESS	26512 SAVAGE CIRCLE HOWEY, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD BOWLING, RUTH <input type="checkbox"/> DELETE	3.1 TITLE	D DAVID C. WEYN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	26419 SAVAGE CIR. HOWEY IN THE HILL FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	26506 SAVAGE CIRCLE HOWEY, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BALHA, STEVE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5450 SO. EAST FT. KING ST Ocala FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D VINSON, MIKE <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	26506 SAVAGE CIRCLE HOWEY IN THE HILL FL	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	

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: Moder Ruth Bowling, Sec. Treas Date: 1/3/20/96 Day/Phone #: 352/735-2121
Moder Ruth Bowling, Sec. Treas

CR2E037 (12/95)

3-22-1996