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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767252 (0)

1. Corporation Name

CYPRESS POINT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

12238 TAVARES RIDGE COURT
TAVARES FL 32778

12238 TAVARES RIDGE COURT
TAVARES FL 32778-4451

3. Date Incorporated or Qualified
03/02/1983

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 26424 SAVAGE CR
Suite, Apt. #, etc.

26 26424 SAVAGE CR.
Suite, Apt. #, etc.

22 City & State
23 Howey, FL

27 City & State
28 Howey, FL

24 34737 25 LAKE
Zip Country

29 34737 30 LAKE
Zip Country

4. FEI Number
59-2811868

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

10. Name and Address of New Registered Agent

SAVAGE, HARRIET
12238 TAVARES RIDGE COURT
TAVARES FL 32778

81 Name MARGARET TYER
82 Street Address (P.O. Box Number is Not Acceptable)
26424 SAVAGE CR.
83
84 City Howey FL 85 Zip Code 34737

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 M. A. Tyer

MARGARET A. TYER

4-28-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME SAVAGE, HARRIET P.
STREET ADDRESS 12238 TAVARES RIDGE CT
CITY-ST-ZIP TAVARES FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME TYER, MARGARET A
1.3 STREET ADDRESS 26424 SAVAGE CR
1.4 CITY-ST-ZIP Howey, FL 34737

TITLE D ☒ DELETE
NAME WATKINS, YEULLE
STREET ADDRESS 26430 SAVAGE CIRCLE
CITY-ST-ZIP HOWEY FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Tyer, John D
2.3 STREET ADDRESS 26424 SAVAGE CR.
2.4 CITY-ST-ZIP Howey, FL 34737

TITLE STD ☒ DELETE
NAME BOWLING, RUTH
STREET ADDRESS 26419 SAVAGE CIR.
CITY-ST-ZIP HOWEY IN THE HILL FL

3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME FRANTZ, FRANCES
3.3 STREET ADDRESS 26515 SAVAGE CR
3.4 CITY-ST-ZIP Howey, FL 34737

TITLE D ☐ DELETE
NAME WEYN, DAVID C
STREET ADDRESS 26508 SAVAGE CIRCLE
CITY-ST-ZIP HOWEY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE
NAME PARSONS, FRANKLIN D
STREET ADDRESS 26512 SAVAGE CIRCLE
CITY-ST-ZIP HOWEY FL

5.1 TITLE VPD ☒ Change ☐ Addition
5.2 NAME JOHNSON, KATHY
5.3 STREET ADDRESS 26449 SAVAGE CR
5.4 CITY-ST-ZIP Howey, FL 34737

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☒ Change ☒ Addition
6.2 NAME ELLIS, DONALD
6.3 STREET ADDRESS 26429 SAVAGE CR
6.4 CITY-ST-ZIP Howey, FL 34737

14. I do 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 [Signature] 8037

CR2E037 (9/96)