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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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
26424 SAUAGE CR HOWEY FL 34737 US	26424 SAUAGE CR HOWEY FL 34737 US

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

3. Date Incorporated or Qualified	03/02/1983
4. FEI Number	59-2811868
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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TYER, MARGARET
26424 SAUAGE CR
HOWEY FL 34737

81 Name	Lowell Prater
82 Street Address (P.O. Box Number is Not Acceptable)	26439 Savage Cr.
83 City	Howey
84 State	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: *Lowell Prater* *Lowell Prater PD* DATE: 4-14-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Lowell Prater PD
NAME	TYER, MARGARET A	1.2 NAME	
STREET ADDRESS	26424 SAVAGE CR	1.3 STREET ADDRESS	26439 Savage Cr.
CITY-ST-ZIP	HOWEY FL	1.4 CITY-ST-ZIP	Howey FL 34737
TITLE	D	2.1 TITLE	VPD
NAME	TYER, JOHN D	2.2 NAME	Ellis, Donald
STREET ADDRESS	26424 SAVAGE CR.	2.3 STREET ADDRESS	26429 Savage Cr.
CITY-ST-ZIP	HOWEY FL	2.4 CITY-ST-ZIP	Howey FL 34737
TITLE	STD	3.1 TITLE	Frantz, Frances
NAME	FRANTZ, FRANCES	3.2 NAME	
STREET ADDRESS	26515 SAVAGE CR	3.3 STREET ADDRESS	26515 Savage Cr
CITY-ST-ZIP	HOWEY FL	3.4 CITY-ST-ZIP	Howey FL 34737
TITLE	D	4.1 TITLE	D
NAME	WEYN, DAVID C	4.2 NAME	Bowling, Tony
STREET ADDRESS	26508 SAVAGE CIRCLE	4.3 STREET ADDRESS	26419 Savage Cr.
CITY-ST-ZIP	HOWEY FL	4.4 CITY-ST-ZIP	Howey FL 34737
TITLE	VPD	5.1 TITLE	Watkins, Yewell D
NAME	JOHNSON, KATHY	5.2 NAME	
STREET ADDRESS	25449 SAVAGE CR	5.3 STREET ADDRESS	26430 Savage Cr
CITY-ST-ZIP	HOWEY FL	5.4 CITY-ST-ZIP	Howey FL 34737
TITLE	D	6.1 TITLE	
NAME	ELLIS, DONALD	6.2 NAME	
STREET ADDRESS	26429 SAVAGE CR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOWEY FL	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: *Lowell Prater* DATE: 4-14-98 (550) 324-2268

CR2E037 (10/97)