

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90008 015 ****61.25

DOCUMENT # 767252

1. Corporation Name

CYPRESS POINT ASSOCIATION, INC.

Principal Place of Business

26424 SAUAGE CR
HOWEY FL 34737
US

Mailing Address

26424 SAUAGE CR
HOWEY FL 34737
US

610563-90008-15 3 *



2. Principal Place of Business

21 26430 SAVAGE CIRCLE

2a. Mailing Address

26 26430 SAVAGE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 HOWEY IN THE HILLS, FL

28 HOWEY IN THE HILLS, FL

Zip

Country

Zip

Country

24 34737

25 USA

29 34737

30 USA

3. Date Incorporated or Qualified

03/02/1983

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

9. Name and Address of Current Registered Agent

PRATER, LOWELL
26439 SAVAGE CR
HOWEY FL 34737

10. Name and Address of New Registered Agent

81 Name

LOWELL PRATER

82 Street Address (P.O. Box Number is Not Acceptable)

26439 SAVAGE CIRCLE

83

84 City

HOWEY IN THE HILLS

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-21-99.

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME TYER, MARGARET A
STREET ADDRESS 26424 SAVAGE CR
CITY-ST-ZIP HOWEY FL

TITLE D ☒ DELETE

NAME TYER, JOHN D
STREET ADDRESS 26424 SAVAGE CR.
CITY-ST-ZIP HOWEY FL

TITLE T ☒ DELETE

NAME FRANTZ, FRANCES
STREET ADDRESS 26515 SAVAGE CR
CITY-ST-ZIP HOWEY FL 34737

TITLE D ☒ DELETE

NAME WEYN, DAVID C
STREET ADDRESS 26506 SAVAGE CIRCLE
CITY-ST-ZIP HOWEY FL

TITLE VPD ☒ DELETE

NAME JOHNSON, KATHY
STREET ADDRESS 25449 SAVAGE CR
CITY-ST-ZIP HOWEY FL

TITLE VPD ☐ DELETE

NAME ELLIS, DONALD
STREET ADDRESS 26429 SAVAGE CR
CITY-ST-ZIP HOWEY FL 34737

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE LOWELL PRATER (P) ☒ Change ☐ Addition

12 NAME 26439 SAVAGE CIRCLE

13 STREET ADDRESS HOWEY IN THE HILLS, FL 34737

14 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE YEUELL G. WATKINS(T) ☒ Change ☐ Addition

3.2 NAME 26430 SAVAGE CIRCLE

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP HOWEY IN THE HILLS, FL 34737

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Tony Bowling (D)

4.3 STREET ADDRESS 26419 SAVAGE CR.

4.4 CITY-ST-ZIP Howey in The Hills FL 34737

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE: *Lowell Prater* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

821 99

(352) 331 3318

CR2E037 (5/99)