FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:40

DOCUMENT # G04312 (6)

1. Corporation Name
CYPRESS PINES PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11750 HOMESTEAD ROAD S. LEHIGH ACRES FL 33970	11750 HOMESTEAD ROAD S. LEHIGH ACRES FL 33970

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1982
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 11752 HOMESTEAD RD
22 Suite, Apt. #, etc.:
23 City & State: LEHIGH ACRES FL.
24 Zip: 33936-7606 25 Country: LEE

2a. Mailing Address
26: 11752 HOMESTEAD RD.
27 Suite, Apt. #, etc.:
28 City & State: LEHIGH ACRES, FL.
29 Zip: 33936-7606 30 Country: LEE

4. FEI Number: 65-0397136 ☐ 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

LIND, KEVIN
20010 PETRUCKA CIRCLE
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name: Thomas R. Nell THOMAS R. NELL
82 Street Address (P.O. Box Number is Not Acceptable): 1776 Fowler St.
83:
84 City: Ft. Myers FL 85 Zip Code: 33901

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 3/28/95
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	1.1 TITLE	PR	☒ Change ☐ Addition
NAME	PALLADENO, LEO A.	1.2 NAME	LORENZ, SIEGFREID	
STREET ADDRESS	20023 LAKE VISTA CL.	1.3 STREET ADDRESS	20001 PETRUCKA CIR	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	LEHIGH ACRES,FL 33936	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	KUNTZ, ROBERT	2.2 NAME	KENNY McDANIEL	
STREET ADDRESS	20023 PETRUCKA	2.3 STREET ADDRESS	11750 HOMESTEAD RD	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	LEHIGH ACRES, FLORIDA 33936	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	LIND, KEVIN	3.2 NAME	EDITH E. LAPISH	
STREET ADDRESS	20010 PETRUCKA CIRCLE	3.3 STREET ADDRESS	19973 LAKE VISTA CIR	
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	LEHIGH ACRES, FLORIDA 33936	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BRADSHAW, JAMES	4.2 NAME	Robert A. Kuntz	
STREET ADDRESS	19940 LAKE VISTA CIRCLE	4.3 STREET ADDRESS	20013 Petrucka Cir	
CITY-ST-ZIP	LEHIGH ACRES FL	4.4 CITY-ST-ZIP	LEHIGH ACRES, FLORIDA 33936	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-29-95 813 368 7111
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Daytime Phone #
SIEGFREID LORENZ

04A033 FP