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FILED
Jan 21, 1998 8:00 am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L34614 (2)
1. Corporation Name
CYPRESS ENCLAVE CORP.



Principal Place of Business
C/O DENNIS J. LUMSDEN
6719 WINKLER ROAD, SUITE 121
FT. MYERS FL 33919

Mailing Address
C/O DENNIS J. LUMSDEN
6719 WINKLER ROAD, SUITE 121
FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/01/1989

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

4. FEI Number 65-0164082 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUMSDEN, DENNIS J.
6719 WINKLER ROAD, SUITE 121
FT. MYERS FL 33919

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 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, 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
NAME LUMSDEN, DENNIS J.
STREET ADDRESS 6719 WINKLER RD, STE 121
CITY-ST-ZIP FT. MYERS, FL 33919

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME TAYLOR, LYNNE C.
STREET ADDRESS 6719 WINKLER RD, STE 121
CITY-ST-ZIP FT. MYERS, FL 33919

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME LECRONE, LEROY
STREET ADDRESS 6719 WINKLER RD, STE 121
CITY-ST-ZIP FT. MYERS, FL 33919

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME PAULK, CHARLES M.
STREET ADDRESS 14702 TRIPLE EAGLE CT.
CITY-ST-ZIP FT. MYERS FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DENNIS J. LUMSDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-98

Date

941-489-1774

Daytime Phone # 0427833

CR2E034 (10/97)