

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00091 (1)
1. Corporation Name
VILLAS AT CYPRESS RUN - WEST OWNERS' ASSOCIATION, INC.



Principal Place of Business
**2669 ST ANDREWS BLVD
TARPON SPRINGS FL 34689**

Mailing Address
**2669 ST ANDREWS BLVD
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified
11/30/1983

3a. Date of Last Report
04/18/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2344333		Applied For <input type="checkbox"/>	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

**HENNING, RICHARD R.
2630 ST. ANDREWS BLVD
TARPON SPRINGS, FL
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

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 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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KELLY	1.2 NAME	JOANN FORTINO
STREET ADDRESS	2609 ROYAL LIVERPOOL DR	1.3 STREET ADDRESS	922 GULLANE DR.
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNIG, RICHARD R.	2.2 NAME	
STREET ADDRESS	2630 ST. ANDREWS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	V.P.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUETTNER, ROBERT	3.2 NAME	STEFAN VAN SCHENCK
STREET ADDRESS	2545 ROYAL LIVERPOOL	3.3 STREET ADDRESS	2602 ROYAL LIVERPOOL DR
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLOY, EARL	4.2 NAME	
STREET ADDRESS	2600 ST. ANDREWS	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOSE, LOUIS B.	5.2 NAME	JAY BAKKER
STREET ADDRESS	2620 ST ANDREWS BLVD	5.3 STREET ADDRESS	902 GULLANE DR.
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: **Earl Molloy** **EARL MOLLOY** **4-3-96** **813 934 8045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)