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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34689-6310



3. Date Incorporated or Qualified
11/30/1983

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2344333

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

10. Name and Address of New Registered Agent

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

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
NAME THOMAS, KELLY
STREET ADDRESS 2609 ROYAL LIVERPOOL DR
CITY-ST-ZIP TARPON SPGS FL

1.1 TITLE S D
1.2 NAME JOANN FORTINO
1.3 STREET ADDRESS 922 GULLANE DR.
1.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE PD
NAME HENNING, RICHARD R.
STREET ADDRESS 2630 ST. ANDREWS BLVD
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE VD
NAME BUETTNER, ROBERT
STREET ADDRESS 2545 ROYAL LIVERPOOL
CITY-ST-ZIP TARPON SPGS FL

3.1 TITLE V.P. D
3.2 NAME STEPHAN VAN SCHENCK
3.3 STREET ADDRESS 2608 ROYAL LIVERPOOL DR.
3.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE TD
NAME MOLLOY, EARL
STREET ADDRESS 2600 ST. ANDREWS
CITY-ST-ZIP TARPON SPRINGS FL

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

TITLE SD
NAME CLOSE, LOUIS B.
STREET ADDRESS 2620 ST ANDREWS BLVD
CITY-ST-ZIP TARPON SPRINGS FL

5.1 TITLE D
5.2 NAME JAY BARNAL
5.3 STREET ADDRESS 902 GULLANE DR
5.4 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE DS
NAME FORTINO, JOANN
STREET ADDRESS 922 GULLANE DR
CITY-ST-ZIP TARPON SPGS FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Earl T. Molloy RICHARD R. HENNING

4/28/97

813-934-8045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0069064

CR2E037 (9/96)