

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified
11/30/1983

4. FEI Number 59-2344333	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No **NOVE**

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, KELLY	
STREET ADDRESS	2809 ROYAL LIVERPOOL DR	
CITY-ST-ZIP	TARPOON SPGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENNING, RICHARD R.	
STREET ADDRESS	2630 ST. ANDREWS BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BUETTNER, ROBERT	
STREET ADDRESS	2545 ROYAL LIVERPOOL	
CITY-ST-ZIP	TARPON SPGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOLLOY, EARL	
STREET ADDRESS	2600 ST. ANDREWS	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLOSE, LOUIS B.	
STREET ADDRESS	2620 ST ANDREWS BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FORTINO, JOANN	
STREET ADDRESS	922 GULLANE DR	
CITY-ST-ZIP	TARPON SPGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAY BAKER
1.3 STREET ADDRESS	902 GULLANE DR.
1.4 CITY-ST-ZIP	TARPON SPRINGS FL. 34689
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STEELMAN VANSCHENCK
3.3 STREET ADDRESS	2602 ROYAL LIVERPOOL DR.
3.4 CITY-ST-ZIP	TARPON SPRINGS FL. 34689
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Earl F Molloy** **3/23/98** **813-9341**
Date Daytime Phone # **0059058045**

CR2E037 (10/97)