

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N03058** (7)
1. Corporation Name
CYPRESS POINTE COMMUNITY ASSOCIATION, INC

FILED
95 JUL -7 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business		Mailing Address	
670 CENTURY 21 ALL AMERICA 3312 W. UNIVERSITY AVE GAINESVILLE FL 32607		670 CENTURY 21 ALL AMERICA 3312 W. UNIVERSITY AVE GAINESVILLE FL 32607 US C/O JOHN MATA ENTER	
21	2. Principal Place of Business 5400 SW 4TH PL	2a	2a. Mailing Address 6793 W. NEWBERRY RD.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc. BOX # 323
23	City & State GAINESVILLE, FL	28	City & State GAINESVILLE, FL
24	Zip 32607	29	Zip 32605
25	Country U.S.	30	Country US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2588166	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under a. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MATA, JOHN F C/O JOHN MATA ENTER. 3312 W. UNIVERSITY AVE GAINESVILLE FL 32607				JOHN F. MATA 6793 W. NEWBERRY RD #323 GAINESVILLE, FL 32605			
81	Name			85	Zip Code		
82	Street Address (P.O. Box Number is Not Acceptable)			86	City		
83	City & State			87	State		
84	City			88	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 JOHN F. MATA DATE 6/25/95

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP DP	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WAHL, DAVID	1.2 NAME	WAHL, DAVID				
STREET ADDRESS	313 SW 54TH DR.	1.3 STREET ADDRESS	313 SW 54TH DR				
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	GAINESVILLE, FL 32607				
TITLE	DT STAN TEAGLE	2.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	JONES, RONALD	2.2 NAME	STAN TEAGLE				
STREET ADDRESS	6502 SW 4TH PLACE	2.3 STREET ADDRESS	315 SW 54TH DR				
CITY - ST - ZIP	GAINESVILLE FL 32607	2.4 CITY - ST - ZIP	GAINESVILLE, FL 32607				
TITLE	DS ANNETTE WILBERT	3.1 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	WELSH, CELESTE	3.2 NAME	ANNETTE WILBERT				
STREET ADDRESS	915 SW 34TH DRIVE	3.3 STREET ADDRESS	303 SW 54TH DR				
CITY - ST - ZIP	GAINESVILLE FL 32607	3.4 CITY - ST - ZIP	GAINESVILLE, FL 32607				
TITLE	DVP FENN, RAY S.	4.1 TITLE	DVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FENN, RAY S.	4.2 NAME	FENN, RAY				
STREET ADDRESS	5417 S.W. 4TH PLACE	4.3 STREET ADDRESS	5417 SW 4TH PL				
CITY - ST - ZIP	GAINESVILLE FL	4.4 CITY - ST - ZIP	GAINESVILLE, FL 32607				
TITLE	D CHAMONS, PAMELA	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CHAMONS, PAMELA	5.2 NAME					
STREET ADDRESS	6504 S.W. 4TH PLACE	5.3 STREET ADDRESS					
CITY - ST - ZIP	GAINESVILLE FL	5.4 CITY - ST - ZIP					
TITLE		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 110.07(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: David Wahl DATE 3 July 95 904-377-6458