

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 4-29-96

B 4878 C

DOCUMENT # **N03058** (7)

1. Corporation Name

CYPRESS POINTE COMMUNITY ASSOCIATION, INC



Principal Place of Business

Mailing Address

5400 SW 4TH PLACE
3312 W. UNIVERSITY AVE
GAINESVILLE FL 32607
US

6793 W NEWBERRY ROAD
BOX #323
GAINESVILLE FL 32605
US

3. Date Incorporated or Qualified
05/14/1984

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2588166

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

MATA, JOHN F
6293 W NEWBERRY ROAD #323
3312 W. UNIVERSITY AVE.
GAINESVILLE FL 32605

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 DELETE
NAME **DP WAHL, DAVID**
STREET ADDRESS **313 SW 54TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE DELETE
NAME **DT TEAGLE, STAN**
STREET ADDRESS **315 SW 54TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE Change Addition
2.2 NAME **DT TEAGLE, STAN**
2.3 STREET ADDRESS **315 SW 54TH DRIVE**
2.4 CITY-ST-ZIP **GAINESVILLE, FL**

TITLE DELETE
NAME **DS WILBERT, ANNETTE**
STREET ADDRESS **303 SW 54TH DRIVE**
CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE DELETE
NAME **DVP FENN, RAY**
STREET ADDRESS **5417 SW 4TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

4.1 TITLE Change Addition
4.2 NAME **DT FENN, RAY**
4.3 STREET ADDRESS **5417 SW 4TH PLACE**
4.4 CITY-ST-ZIP **GAINESVILLE, FL**

TITLE DELETE
NAME ~~D Monkhorst, Hendrik~~
5522 SW 4TH PLACE
STREET ADDRESS **GAINESVILLE FL**
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME **DVP**
5.3 STREET ADDRESS **MONKHORST, HENDRIK**
5.4 CITY-ST-ZIP **5522 SW 4TH PLACE**
GAINESVILLE, FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18. IV. 1996
Date

(352) 377-6458
Daytime Phone #

CR2E037 (12/95)