

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N03058 (7)

1. Corporation Name
CYPRESS POINTE COMMUNITY ASSOCIATION, INC



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| Principal Place of Business 8400 SW 4TH PLACE 3312 W. UNIVERSITY AVE GAINESVILLE FL 32607 US | Mailing Address 6783 W NEWBERRY ROAD BOX #323 GAINESVILLE FL 32605-4312 US |
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|--|--|
| 3. Date Incorporated or Qualified 05/14/1984 | 3a. Date of Last Report 04/29/1996 |
|--|--|

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|---|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 313 SW 54TH DR. |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 GAINESVILLE, FL |
| Zip 24 | Country 25 |
| | Zip 29 32607 |
| | Country 30 ALACNOA |

| | | |
|------------------------------------|---|--|
| 4. FEI Number 59-2588166 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
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| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|--|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

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| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
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|---|---|
| 9. Name and Address of Current Registered Agent MATA, JOHN F 6293 W NEWBERRY ROAD #323 3312 W. UNIVERSITY AVE. GAINESVILLE FL 32605 | 10. Name and Address of New Registered Agent 81 Name DAVID WAHL 82 Street Address (P.O. Box Number is Not Acceptable) 83 313 SW 54TH DR. 84 City GAINESVILLE FL 85 Zip Code 32607 |
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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 *David B. Wahl* DATE **17 APRIL 1997**

| 12. OFFICERS AND DIRECTORS | | DELETED |
|----------------------------|------------------------|--------------------------|
| TITLE | DP WAHL, DAVID | <input type="checkbox"/> |
| NAME | 313 SW 54TH DRIVE | |
| STREET ADDRESS | GAINESVILLE FL | |
| CITY-ST-ZIP | | |
| TITLE | D TEAGLE, STAN | <input type="checkbox"/> |
| NAME | 315 S.W. 54TH DRIVE | |
| STREET ADDRESS | GAINESVILLE FL | |
| CITY-ST-ZIP | | |
| TITLE | DS WILBERT, ANNETTE | <input type="checkbox"/> |
| NAME | 303 SW 54TH DRIVE | |
| STREET ADDRESS | GAINESVILLE FL | |
| CITY-ST-ZIP | | |
| TITLE | DT FENN, RAY | <input type="checkbox"/> |
| NAME | 5417 SW 4TH PLACE | |
| STREET ADDRESS | GAINESVILLE FL | |
| CITY-ST-ZIP | | |
| TITLE | DVP MONKHORST, HENDRIK | <input type="checkbox"/> |
| NAME | 6502 S.W. 4TH PLACE | |
| STREET ADDRESS | GAINESVILLE FL | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | | |
| 2.3 STREET ADDRESS | | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.

CR2E037 (9/96)

David B. Wahl 17 APR 1997 (352) 377-