


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|  |  |
|--|--|
| Principal Place of Business<br><b>5400 SW 4TH PLACE<br/>3312 W. UNIVERSITY AVE<br/>GAINESVILLE FL 32607<br/>US</b> | Mailing Address<br><b>313 SW 54TH DRIVE<br/>BOX #323<br/>GAINESVILLE FL 32607<br/>US</b> |
|--|--|

3. Date Incorporated or Qualified  
**05/14/1984**

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2588166</b> | Applied For<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------|--|

|   |                                  |
|---|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

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?  
 Yes  No

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

9. Name and Address of Current Registered Agent

**WAHL, DAVID  
313 SW 54TH DRIVE  
3312 W. UNIVERSITY AVE.  
GAINESVILLE FL 32607**

10. Name and Address of New Registered Agent

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b>  |
| <b>84</b> City   |
| <b>85</b> Zip Code   |

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>DP</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>WAHL, DAVID</b>                                   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>313 SW 54TH DRIVE</b>                             | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>GAINESVILLE FL</b>                                | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>TEAGLE, STAN</b>                                  | 2.2 NAME  |  |
| STREET ADDRESS             | <b>315 S.W. 54TH DRIVE</b>                           | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>GAINESVILLE FL</b>                                | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>DS</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>WILBERT, ANNETTE</b>                              | 3.2 NAME  |  |
| STREET ADDRESS             | <b>303 SW 54TH DRIVE</b>                             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>GAINESVILLE FL</b>                                | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>DT</b> <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FENN, RAY</b>                                     | 4.2 NAME  | <b>DR CESARINI, MICHAEL</b>  |
| STREET ADDRESS             | <b>5417 SW 4TH PLACE</b>                             | 4.3 STREET ADDRESS                                    | <b>5402 S.W. 4th Place</b>   |
| CITY-ST-ZIP                | <b>GAINESVILLE FL</b>                                | 4.4 CITY-ST-ZIP                                       | <b>GAINESVILLE, FL</b>   |
| TITLE                      | <b>DVP</b> <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MONKHORST, HENDRIK</b>                            | 5.2 NAME  |  |
| STREET ADDRESS             | <b>5502 S.W. 4TH PLACE</b>                           | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>GAINESVILLE FL</b>                                | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 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 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: David B. Wahl, President **23 Jan 1998 (352) 377-6458**

CR2E037 (10/97)