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**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90035 002 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N03058**

1. Corporation Name  
**CYPRESS POINTE COMMUNITY ASSOCIATION, INC**

Principal Place of Business 5400 SW 4TH PLACE 3312 W. UNIVERSITY AVE GAINESVILLE FL 32607 US	Mailing Address 313 SW 54TH DRIVE BOX #323 GAINESVILLE FL 32607 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/14/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2588166
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WAHL, DAVID	
STREET ADDRESS	313 SW 54TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TEAGLE, STAN	
STREET ADDRESS	315 S.W. 54TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	WILBERT, ANNETTE	
STREET ADDRESS	303 SW 54TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CESARINI, MICHAEL	
STREET ADDRESS	5402 SW 4TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MONKHORST, HENDRIK	
STREET ADDRESS	5502 S.W. 4TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FURZE, Alexis	
1.3 STREET ADDRESS	5418 SW 4th Pl	
1.4 CITY-ST-ZIP	Gainesville, FL	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GAVIRIA, LUIS	
2.3 STREET ADDRESS	5422 SW 4th Pl	
2.4 CITY-ST-ZIP	Gainesville, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bennarelli, Debbiz	
3.3 STREET ADDRESS	315 SW 54th Drive	
3.4 CITY-ST-ZIP	Gainesville, FL	
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, with all other like empowered.

SIGNATURE: David Wahl 15 Nov 1999 352-377-6458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)