

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06388** (5)

1. Corporation Name

CYPRESS WILLOWS PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business 1411 N WESTHORE BLVD SUITE 310 TAMPA FL 33607 US	Mailing Address 1411 N WESTHORE BLVD SUITE 310 TAMPA FL 33607-4537 US
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3. Date Incorporated or Qualified 11/29/1984	3a. Date of Last Report 05/21/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-2651948	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

**UNIQUE PROPERTY SERVICES INC THE BELL BLDG
1411 N WESTSHORE BLVD
SUITE 310
TAMPA FL 33607**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **3-14-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VILLAR, JILL	1.2 NAME	
STREET ADDRESS	4011 CYPRESS WILLOWS CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GEML, ANGELA	2.2 NAME	
STREET ADDRESS	4015 CYPRESS WILLOWS CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOARDMAN, PETER	3.2 NAME	
STREET ADDRESS	4012 CYPRESS WILLOW CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	Secretary
STREET ADDRESS		4.3 STREET ADDRESS	Elaine Dorreman
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4010 Cypress Willows Ct. Tampa, FL 33614
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	Treasurer
STREET ADDRESS		5.3 STREET ADDRESS	Flo Burns
CITY-ST-ZIP		5.4 CITY-ST-ZIP	4002 Cypress Willows Ct. Tampa, FL
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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: *[Signature]* **3/14/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047556

CR2E037 (9/96)