FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jun 12 1998 8:00 am
Secretary of State

DOCUMENT # **N06388** **(5)**

1. Corporation Name
CYPRESS WILLOWS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
1411 N WESTHORE BLVD SUITE 310 TAMPA FL 33607 US	1411 N WESTHORE BLVD SUITE 310 TAMPA FL 33607 US

3. Date Incorporated or Qualified: 11/29/1984

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

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

2. Principal Place of Business	2a. Mailing Address
21 115 S. DALE MABRY HWY	26 115 S. DALE MABRY HWY
Suite, Apt. #, etc. 22 SUITE 300	Suite, Apt. #, etc. 27 SUITE 300
City & State 23 TAMPA, FLORIDA	City & State 28 TAMPA, FLORIDA
Zip 24 33609 Country 25 U.S.	Zip 29 33609 Country 30 U.S.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: UNIQUE PROPERTY SERVICES, INC
82 Street Address (P.O. Box Number is Not Acceptable): 115 S. DALE MABRY
83 SUITE 300
84 City: TAMPA FL 85 Zip Code: 33609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DORREMAN, ELAINE		3.2 NAME		
STREET ADDRESS	4010 CYPRESS WILLOWS CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	WAYNE SHUMAN -D	☐ Change ☐ Addition
NAME	BURNES, FLO		4.2 NAME	4009 Cypress Willow Court	
STREET ADDRESS	4002 CYPRESS WILLOWS CT.		4.3 STREET ADDRESS	Tampa, FL. 33614	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME			5.2 NAME	6/12/98	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	400002560274	☐ Change ☐ Addition
NAME			6.2 NAME	-06/16/98--01017--017	
STREET ADDRESS			6.3 STREET ADDRESS	***70.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

25 6/15

CR2E037 (10/97)

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: [illegible] VICE-PRESIDENT 4/30/98