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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06388

1. Corporation Name

CYPRESS WILLOWS PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
115 S. DALE MABRY HWY SUITE 300 TAMPA FL 33609 US	115 S. DALE MABRY HWY SUITE 300 TAMPA FL 33609 US

2. Principal Place of Business	2a. Mailing Address
21 115 S. Dale Mabry Hwy	26 115 S. Dale Mabry Hwy
Suite, Apt. #, etc. 22 300	Suite, Apt. #, etc. 27 300
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / Country 24 33609 25 US	Zip / Country 29 33609 30 US

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

4. FEI Number: 59-2651948 ☐ Applied For ☐ No 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

9. Name and Address of Current Registered Agent

UNIQUE PROPERTY SERVICES INC THE BELL BLDG
115 S. DALE MABRY
SUITE 300
TAMPA FL 33609

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 _____ 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	Pres	☒ Change ☐ Addition
NAME	VILLAR, JILL		1.2 NAME	Angela Geml	
STREET ADDRESS	4011 CYPRESS WILLOWS CT		1.3 STREET ADDRESS	4015 cypress willows ct	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL 33614	
TITLE	VD	☐ DELETE	2.1 TITLE	V Pres.	☐ Change ☒ Addition
NAME	GEML, ANGELA		2.2 NAME	Ellen Millard	
STREET ADDRESS	4015 CYPRESS WILLOWS CT		2.3 STREET ADDRESS	4013 cypress willows Ct	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33614	
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		☐ Change ☐ Addition
NAME	BURNES, FLO		4. 2 NAME		
STREET ADDRESS	4002 CYPRESS WILLOWS CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHUMAN, WAYNE		5.2 NAME		
STREET ADDRESS	4009 CYPRESS WILLOW COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		5.4 CITY-ST-ZIP		
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 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: SIGNATURE REQUIRED 4-23-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)