FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 26 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08523 (5)

1. Corporation Name
CYPRESSVIEW II PROPERTY OWNERS' ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 5925 SUN CITY CENTER FL 33571	P.O. BOX 5925 SUN CITY CENTER FL 33571

3. Date Incorporated or Qualified: 04/04/1985
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2591035 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	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
KRING, WILLIAM P. 1901 BOSKY CT SUN CITY CENTER FL 33573	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BOGEDAIN, SHIRLEY	1.2 NAME		
STREET ADDRESS	1806 ATRIUM DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	IGLODAN, HELEN	2.2 NAME		
STREET ADDRESS	1902 BOSKY CT	2.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	BOWEN, MILLICENT	3.2 NAME		
STREET ADDRESS	1804 BRETH COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	KRING, WILLIAM	4.2 NAME		
STREET ADDRESS	1901 BOSKY COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	KNEPFLE, ED	5.2 NAME	Schmidt, Walter	
STREET ADDRESS	1911 BOSKY CIRCLE	5.3 STREET ADDRESS	1812 Breth Court	
CITY-ST-ZIP	SUN CITY CENTER FL	5.4 CITY-ST-ZIP	Sun City Center FL	
TITLE	SD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	POWERS, WILLIAM	6.2 NAME		
STREET ADDRESS	1919 ATRIUM DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William P. Kring 1/19/95 (813) 634-8615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William P. Kring, President

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