

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08523 (5)
1. Corporation Name
CYPRESSVIEW II PROPERTY OWNERS' ASSOCIATION, INC



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

Mailing Address
P.O. BOX 5925
SUN CITY CENTER FL 33571

3. Date Incorporated or Qualified 04/04/1985
3a. Date of Last Report 01/26/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2591035 Applied For Not Applicable	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 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

KRING, WILLIAM P.
1901 BOSKY CT
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name SCHMIDT WALTER W
82 Street Address (P.O. Box Number is Not Acceptable) 1812 BRETH CT
83
84 City SUN CITY CENTER FL 85 Zip Code 33573

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/14/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D	BOGEDAIN, SHIRLEY	1806 ATRIUM DRIVE SUN CITY CENTER FL	
	T	IGLODAN, HELEN	1902 BOSKY CT SUN CITY CENTER FL	
	SD	BOWEN, MILLCENT	1804 BRETH COURT SUN CITY CENTER FL	<input checked="" type="checkbox"/> DELETE
	PD	KRING, WILLIAM	1901 BOSKY COURT SUN CITY CENTER FL	<input checked="" type="checkbox"/> DELETE
	VD	KNEPFLE, ED	1911 BOSKY CIRCLE SUN CITY CENTER FL	<input checked="" type="checkbox"/> DELETE
	D	POWERS, WILLIAM	1819 ATRIUM DRIVE SUN CITY CENTER FL	<input checked="" type="checkbox"/> DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	200001749292
2.3 STREET ADDRESS	-03/19/96--01078--007
2.4 CITY - ST - ZIP	***61.25
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D MAY MARY E
3.3 STREET ADDRESS	1770 ATRIUM DR
3.4 CITY - ST - ZIP	SUN CITY CENTER FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD SCHMIDT WALTER W
4.3 STREET ADDRESS	1812 BRETH CT
4.4 CITY - ST - ZIP	SUN CITY CENTER FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD WATTS VELMA
5.3 STREET ADDRESS	1809 ATRIUM DR
5.4 CITY - ST - ZIP	SUN CITY CENTER FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VD WEAVER SHERILL
6.3 STREET ADDRESS	1813 ATRIUM DR
6.4 CITY - ST - ZIP	SUN CITY CENTER FL

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 (813) 633 0347

3-19-96

CR2E037 (12/95)