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NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # N08523 (5)

1. Corporation Name

CYPRESSVIEW II PROPERTY OWNERS' ASSOCIATION, INC

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

3. Date Incorporated or Qualified	3a. Date of Last Report
04/04/1985	03/19/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2591035	Applied For / Not Applicable
21	**26**		
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
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
SCHMIDT, WALTER 1812 BRETH CT SUN CITY CENTER FL 33573	**81** Name **82** Street Address (P.O. Box Number Is Not Acceptable) **83** **84** City **85** Zip Code — FL

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 _W W Schmidt President_   DATE _1-10-97_

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** ☒ DELETE		1.1 TITLE *DIRECTOR* ☐ Change ☒ Addition
NAME BOGEDAIN, SHIRLEY		1.2 NAME *COLBEY, MARILYN*
STREET ADDRESS 1806 ATRIUM DRIVE		1.3 STREET ADDRESS *1903 BOSKY CT.*
CITY-ST-ZIP SUN CITY CENTER FL		1.4 CITY-ST-ZIP *SUN CITY CENTER FL 33573*
TITLE **T** ☐ DELETE		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** ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition
NAME MAY, MARY		3.2 NAME
STREET ADDRESS 1770 ATRIUM DR T		3.3 STREET ADDRESS
CITY-ST-ZIP SUN CITY CENTER FL		3.4 CITY-ST-ZIP
TITLE **PD** ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition
NAME SCHMIDT, WALTER W		4.2 NAME
STREET ADDRESS 1812 BRETH CT		4.3 STREET ADDRESS
CITY-ST-ZIP SUN CITY CENTER FL		4.4 CITY-ST-ZIP
TITLE **SD** ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition
NAME WATTS, VELMA		5.2 NAME
STREET ADDRESS 1809 ATRIUM DR		5.3 STREET ADDRESS
CITY-ST-ZIP SUN CITY CENTER FL		5.4 CITY-ST-ZIP
TITLE **VD** ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition
NAME WEAVER, SHERRAL		6.2 NAME
STREET ADDRESS 1813 ATRIUM DRIVE		6.3 STREET ADDRESS
CITY-ST-ZIP SUN CITY CENTER FL		6.4 CITY-ST-ZIP

CR2E037 (9/96)

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: _WALTER W SCHMIDT PRESIDENT_