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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 10:48

DOCUMENT # **N08787** (6)
1. Corporation Name
CYPRESS CREEK MOBILE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
P.O. BOX 1681 LEESBURG FL 34748 **P.O. BOX 1681 LEESBURG FL 34748**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/17/1985** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2649184** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **P.O. Box 1681** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
LEESBURG, FLA 28
Zip Country 29 Zip Country
34748 LAKE 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CRAWFORD, CAROL A
6320 MATCHETT ROAD
ORLANDO FL 32809**

10. Name and Address of New Registered Agent
81 Name **SCOTT A. GERKEN**
82 Street Address **4850 N. Highway 19-A**
83 City **Mount Dora**
84 State **FL** 85 Zip Code **32757**

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 **Scott A. Gerken, Esquire** 03/28/95
Signature and typed printed name of registered agent and IRS if applicable. (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOORHEES, EDMUND L 28944 HUBBARD #18 LEESBURG FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOUGH, ROBERT 28944 HUBBARD #62 LEESBURG FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNOLDS, LOIS 28944 HUBBARD ST. #92 LEESBURG FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MISAVAGE, ROSE 28944 HUBBARD #45 LEESBURG FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTON, BALCOM 28944 HUBBARD #93 LEESBURG FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMORE, FRED 28944 HUBBARD ST. NO. 64 LEESBURG FL 34748

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LINDA HANSEN PRES. 28944 HUBBARD #63 LEESBURG, FLA 34748
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BILL WAYLETT 28944 HUBBARD #31 LEESBURG, FLA 34748
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REYNOLD, LOIS - SD 28944 HUBBARD #92 LEESBURG, FLA 34748
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MISAVAGE, ROSE - TD 28944 HUBBARD #45 LEESBURG, FLA 34748
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PEPP LEONARD - D. 28944 HUBBARD #17 LEESBURG, FLA 34748
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition COBURN FRED - D 28944 HUBBARD #143 LEESBURG, FLA 34748

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 110.07(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: **Rose Misavage** 2-1-95 904-365-2242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Keyhole Number