

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 29 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified **04/17/1985** 3a. Date of Last Report **04/07/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2649184		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERKEN, SCOTT A.
4850 N HWY 19-A
MT DORA FL 32757

81 Name	Gerken, Scott A.		
82 Street Address (P.O. Box Number is Not Acceptable)	4850 N. Hwy. 19-A		
83			
84 City	Mt. Dora,	85 State	FL
		Zip Code	32757

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HANSEN, LINDA	1.2 NAME	Hansen, Linda
STREET ADDRESS	28944 HUBBARD #63	1.3 STREET ADDRESS	28944 HUBBARD #63
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WAYLETT, BILL	2.2 NAME	Thorpe, AL
STREET ADDRESS	28944 HUBBARD #31	2.3 STREET ADDRESS	28944 hubbard #7
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD REYNOLDS, LOIS	3.2 NAME	HEROLD, RUTH
STREET ADDRESS	28944 HUBBARD ST. #92	3.3 STREET ADDRESS	28944 HUBBARD #116
CITY-ST-ZIP	LEESBURG FL 34748	3.4 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD MISAVAGE, ROSE	4.2 NAME	TD MISAVAGE, ROSE
STREET ADDRESS	28944 HUBBARD #45	4.3 STREET ADDRESS	28944 HUBBARD #45
CITY-ST-ZIP	LEESBURG FL 34748	4.4 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LEONARD, PEPP	5.2 NAME	D PEPP, LEONARD #17
STREET ADDRESS	28944 HUBBARD #17	5.3 STREET ADDRESS	LEESBURG, FL 34748
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BLACKMORE, FRED	6.2 NAME	Antoff, Beverly
STREET ADDRESS	28944 HUBBARD ST. NO. 64	6.3 STREET ADDRESS	28944 HUBBARD #65
CITY-ST-ZIP	LEESBURG FL 34748	6.4 CITY-ST-ZIP	LEESBURG, FL 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 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: Rose Misavage 1-24-1996 352-365-2242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)