


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08787 (6)
 1. Corporation Name
CYPRESS CREEK MOBILE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business P.O. BOX 1681 LEESBURG FL 34748	Mailing Address P.O. BOX 1681 LEESBURG FL 34748
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3. Date Incorporated or Qualified 04/17/1985	Applied For Not Applicable
4. FEI Number 59-2649184	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, LINDA	1.2 NAME	Taylor, William
STREET ADDRESS	28944 HUBBARD #63	1.3 STREET ADDRESS	28944 Hubbard St # 103
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Leesburg Fl 34748
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORPE, AL	2.2 NAME	Richards, William
STREET ADDRESS	28944 HUBBARD # 7	2.3 STREET ADDRESS	28944 Hubbard St. # 57
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Leesburg Fl 34748
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEROLD, RUTH	3.2 NAME	
STREET ADDRESS	28944 HUBBARD # 116	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEISSEL, DONALD E.	4.2 NAME	
STREET ADDRESS	28944 HUBBARD, #51	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSBY, ROGER	5.2 NAME	Beers, Kenneth
STREET ADDRESS	28944 HUBBARD, #52	5.3 STREET ADDRESS	28944 Hubbard St. #125
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	Leesburg Fl 34748
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOFF, BEVERLY	6.2 NAME	
STREET ADDRESS	28944 HUBBARD # 65	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Donald E. Beissel* *Donald E. Beissel* 1-30-98 352 323 4990

CRCE037 (10/97)