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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08787

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/17/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2649184
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 _____ DATE _____
 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 P	TAYLOR, WILLIAM 28944 HUBBARD ST. #103 LEESBURG FL 34748	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	RICHARDS, WILLIAM 28944 HUBBARD ST. #57 LEESBURG FL 34748	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	HEROLD, RUTH 28944 HUBBARD # 116 LEESBURG FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	BEISSEL, DONALD E. 28944 HUBBARD, #51 LEESBURG FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	BEERS, KENNETH 28944 HUBBARD ST. #125 LEESBURG FL 34748	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	ANTOFF, BEVERLY 28944 HUBBARD # 65 LEESBURG FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	SD Catherine Simpson 28944-51 Hubbard St Leesburg FL 34748
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.2 NAME	D Able Thomas 28944-101 Hubbard St Leesburg FL 34748
		6.3 STREET ADDRESS	
		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)(l), 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, with all other like empowered.

SIGNATURE: Donald E. Beissel 2-15-99 352 323-4990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)