

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

DOCUMENT # N17208 (2)

1. Corporation Name

CYPRESS SPRINGS OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O ANGELIA GORDON PROPERTY MGMT., INC.
4030 DIJON DRIVE
ORLANDO FL 32808
US

C/O ANGELIA GORDON PROPERTY MGMT., INC.
4030 DIJON DRIVE
ORLANDO FL 32808
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

10/09/1986

3a. Date of Last Report

06/29/1995

4. FEI Number

59-2762596

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

ANGELIA GORDON PROPERTY MANAGEMENT INC
ATTN: CHRISTOPHER KOBACK, AGENT
4030 DIJON DRIVE
ORLANDO FL 32808

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

Christopher J. Koback, Agent

4/29/96

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 PD
NAME DAVOLI, PAULA
STREET ADDRESS 10125 PINK CARNATION CT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME CORDARO, VITO
STREET ADDRESS 10933 MILL POND WAY
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME JUST, WALTER
STREET ADDRESS 1974 BRANCHWATER TRAIL
CITY-ST-ZIP ORLANDO FL 32825

☐ DELETE

TITLE ~~T~~
NAME ~~MCGARRON, DAVID~~
STREET ADDRESS ~~10011 SATINWOOD CIRCLE~~
CITY-ST-ZIP ~~ORLANDO FL~~

☒ DELETE

TITLE V
NAME LYONS, JACK
STREET ADDRESS 1737 TERRA COTA CT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME HEMPSTEAD, DEBRA
STREET ADDRESS 1724 BUCKHORN PLACE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Paula Davoli
PAULA DAVOLI

4/30/96

407/658-0131

Date

Daytime Phone

CR2E037 (12/95)

N17208

2-2

CORPORATE ANNUAL REPORT

CYPRESS SPRINGS HOMEOWNERS' ASSOCIATION
DOCUMENT #N17208

ADDITION TO BOARD OF DIRECTORS

TITLE: (D)

NAME: VELEZ, MARGARITA

ADDRESS: 10407 SABLE RIDGE COURT
ORLANDO, FL 32825

TITLE: (D)

NAME: CONWAY, GERRIE

ADDRESS: 1870 BRANCHWATER TRAIL
ORLANDO, FL 32825

TITLE: (D)

NAME: BROWN, MIKE

ADDRESS: 10782 SPRING BROOK LANE
ORLANDO, FL 32825