

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 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 # **N17208** (2)
1. Corporation Name
CYPRESS SPRINGS OWNERS ASSOCIATION, INC.



Principal Place of Business C/O ANGELIA GORDON PROPERTY MGMT., INC. 4030 DIJON DRIVE ORLANDO FL 32808 US	Mailing Address C/O ANGELIA GORDON PROPERTY MGMT., INC. 4030 DIJON DRIVE ORLANDO FL 32808 US
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3. Date Incorporated or Qualified 10/09/1986	
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	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent ANGELIA GORDON PROPERTY MANAGEMENT INC ATTN: ANGELIA GORDON 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

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

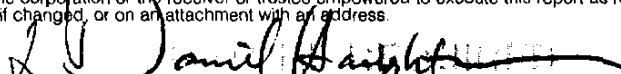
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, MICHAEL 1870 BRANCHWATER TRAIL ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUGHTON, DAN 1648 CYPRESS RDIGE DR ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, JANE 10200 FORGET ME NOT COURT ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer KIEBZAK, KEITH 1837 BLUE FOX COURT ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, ANGIE 1854 BRANCHWATER TRAIL ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPSTEAD, DEBRA 1724 BUCKHORN PLACE ORLANDO FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director Gregory Longster 1823 Hollow Reed CT Orlando, FL 32825 ☐ Change ☒ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer ☒ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **2 March 98** (407)238-0330

CR2E037 (10/97)