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Mar 01, 1999 8:00 am
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03-01-1999 90218 035 ****61.25

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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 # N17208

1. Corporation Name

CYPRESS SPRINGS OWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1208
 WINTER PARK FL 32790-1208
 US

Mailing Address

P.O. BOX 1208
 WINTER PARK FL 32790-1208
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/09/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2762596	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
				Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

PHILLIPS, ROGER V
1350 ORANGE AVENUE, SUITE 100
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name **Attwood Phillips, Inc**
 82 Street Address (P.O. Box Number is Not Acceptable) **1350 Orange Avenue, Suite 100**
 83 **Winter Park**
 84 City **FL**
 85 Zip Code **32789**

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

Roger V. Phillips *1/12/99*
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CONWAY, MICHAEL	
STREET ADDRESS	1870 BRANCHWATER TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAUGHTON, DAN	
STREET ADDRESS	1648 CYPRESS RDIGE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, JANE	
STREET ADDRESS	10200 FORGET ME NOT COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KIEBZAK, KEITH	
STREET ADDRESS	1837 BLUE FOX COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTIAGO, ANGIE	
STREET ADDRESS	1954 BRANCHWATER TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEMPSTEAD, DEBRA	
STREET ADDRESS	1724 BUCKHORN PLACE	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Keith Kiebzak	
1.3 STREET ADDRESS	1837 Blue Fox CT	
1.4 CITY-ST-ZIP	Orlando FL 32825	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Angie Santiago	
2.3 STREET ADDRESS	1954 Branchwater Trail	
2.4 CITY-ST-ZIP	Orlando, FL 32825	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lester Kisting	
3.3 STREET ADDRESS	10778 Spring Brook Lane	
3.4 CITY-ST-ZIP	Orlando, FL 32825	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Geoffrey E. Longfellow	
4.3 STREET ADDRESS	1823 Hollow Reed CT	
4.4 CITY-ST-ZIP	Orlando, FL 32825	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lorraine Scott	
5.3 STREET ADDRESS	10699 SATINWOOD Circle	
5.4 CITY-ST-ZIP	Orlando, FL 32825	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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)(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, with all other like empowered.

SIGNATURE:

Dan Haughton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/99 (407) 275-5024

CR2E037 (11/98)