

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 # N21163 (3)

1. Corporation Name

CYPRESS VILLAGE, INC.



Principal Place of Business

Mailing Address

**4600 MIDDLETON PARK CIR. E.
SUITE 200
JACKSONVILLE FL 32224**

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SUITE 200
JACKSONVILLE FL 32224**

3. Date Incorporated or Qualified
06/16/1987

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2820073

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

Zip

Country

Zip

Country

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

(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 checked="" type="checkbox"/> DELETE
NAME	LUDWIG, RICHARD B	
STREET ADDRESS	12136 SPRINGMOOR NINE CT.	
CITY - ST - ZIP	JACKSONVILLE FL 32225	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BOLDEN, THOMAS A.	
STREET ADDRESS	7759 LYNCHBURG CT., E.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANCE, RICHARD R.	
STREET ADDRESS	8735 NORCROSS DR.	
CITY - ST - ZIP	ST. LOUIS MO 63126-1816	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MORFORD, MARGOT G	
STREET ADDRESS	3449 SUNNYSIDE DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	SS	<input checked="" type="checkbox"/> DELETE
NAME	AHLWARDT, ELMER L.	
STREET ADDRESS	601 BAY STREET	
CITY - ST - ZIP	NEPTUNE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS/AT/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth Larry Jean	
1.3 STREET ADDRESS	341 Pablo Point Drive	
1.4 CITY - ST - ZIP	Jacksonville FL 32225	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Carl W. Lindell	
6.3 STREET ADDRESS	4974 Ortega Forest Drive	
6.4 CITY - ST - ZIP	Jacksonville FL 32210	

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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-18-96

Date

(904) 223 6100

Daytime Phone #

CR2E037 (12/95)