

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 322244600 MIDDLETON PARK CIR. E.  
SUITE 200  
JACKSONVILLE FL 32224-66293. Date Incorporated or Qualified  
06/16/19873a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

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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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	KENNETH LARRY JEAN	
STREET ADDRESS	341 PABLO POINT DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOLDEN, THOMAS A.	
STREET ADDRESS	7759 LYNCHBURG CT., E.	
CITY - ST - ZIP	JACKSONVILLE FL	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elliott, C. Keith	
2.3 STREET ADDRESS	P. O. Box 799	
2.4 CITY - ST - ZIP	Keystone Heights, FL 32656	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORFORD, MARGOT G	
STREET ADDRESS	3449 SUNNYSIDE DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	

3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Aberly, William F.	
3.3 STREET ADDRESS	4144 Prima Vista Circle So.	
3.4 CITY - ST - ZIP	Jacksonville, FL 32218	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	CARL W. LINDELL	
STREET ADDRESS	4974 ORTEGA FOREST DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	

4.1 TITLE	ASAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Horton, James A.	
5.3 STREET ADDRESS	6827 Ariel Drive	
5.4 CITY - ST - ZIP	Jacksonville, FL 32277	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #00000000

CR2E037 (9/96)