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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21163

600972 - 90013 - 45
587002 - 90006 - 30

1. Corporation Name

CYPRESS VILLAGE, INC.

Principal Place of Business	Mailing Address
4600 MIDDLETON PARK CIR. E. SUITE 200 JACKSONVILLE FL 32224	4600 MIDDLETON PARK CIR. E. SUITE 200 JACKSONVILLE FL 32224

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 06/16/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 59-2820073 (Applied For / Not Applicable)
City & State	City & State	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL
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] 7/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS ☒ DELETE	1.1 TITLE	Secretary DS ☐ Change ☒ Addition
NAME	WOOLSEY, B FRED	1.2 NAME	Nicosia, Janet
STREET ADDRESS	1145 GROVE PARK BLVD	1.3 STREET ADDRESS	7525 Founders Way
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	DV ☐ DELETE	2.1 TITLE	~~Vice~~ President ☒ Change ☐ Addition
NAME	LYON, WILFORD C	2.2 NAME	
STREET ADDRESS	1129 MAPLETON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32207	2.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	3.1 TITLE	~~Vice~~ President DP ☒ Change ☐ Addition
NAME	UNGER, DAN	3.2 NAME	
STREET ADDRESS	8184 GREEN GLADE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	
TITLE	DAST ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COGGINS, BLANCHE	4.2 NAME	
STREET ADDRESS	815 PONTE VEDRA BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL 32082	4.4 CITY-ST-ZIP	
TITLE	DP ☒ DELETE	5.1 TITLE	Treasurer DT ☐ Change ☒ Addition
NAME	HORTON, JAMES A.	5.2 NAME	Margot G. Morford
STREET ADDRESS	6827 ARIEL DR.	5.3 STREET ADDRESS	First Union Natl.Bank, P.O.Box 44203
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32231-4203
TITLE	☐ DELETE	6.1 TITLE	DV ☐ Change ☐ Addition
NAME		6.2 NAME	Guy Marvin III
STREET ADDRESS		6.3 STREET ADDRESS	4741 Pirate Bay DRive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jax, FL 32210

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: [signature] REQUIRED 4/27/99 904 223-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #