

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25800 (6)

1. Corporation Name

HOMES OF CYPRESS, INC.



Principal Place of Business

Mailing Address

4600 MIDDLETON PARK CIR E
STE 200
JACKSONVILLE FL 32224

4600 MIDDLETON PARK CIR E
STE 200
JACKSONVILLE FL 32224

3. Date Incorporated or Qualified
04/06/1988

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2913175

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

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

LUDWIG, RICHARD
12136 SPRINGMOOR NINE CT
JACKSONVILLE FL 32225

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

OFFICERS AND DIRECTORS

☐ DELETE

12. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
AHLWARDT, ELMER L.
601 BAY STREET
NEPTUNE BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
JOHNS, THOMAS H.
9901 CHEROKEE LN
LEAWOOD KS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
VROMAN, KAREN
12744 BENNINGTON CMMN LN
ST. LOUIS MO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV
TRITT, ARNOLD
3745 RIVERSIDE AVE.
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DS
WHITE, JAMES F.
1740 LOCHCREST DRIVE
BALLWIN MO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
LUDWIG, RICHARD B
4600 MIDDLETON PARK CIR. E.
JACKSONVILLE FL 32224

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

1904/2236100

Daytime Phone #

CR2E037 (12/95)