

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25800** (6)

1. Corporation Name  
**HOMES OF CYPRESS, INC.**

Principal Place of Business <b>4800 MIDDLETON PARK CIR E STE 200 JACKSONVILLE FL 32224</b>	Mailing Address <b>4800 MIDDLETON PARK CIR E STE 200 JACKSONVILLE FL 32224</b>
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3. Date Incorporated or Qualified <b>04/06/1988</b>
4. FEI Number <b>59-2913175</b>
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>25</b>	Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**KIRKWOOD, WILLIAM KENT  
1008 LARKSPUR LOOP  
JACKSONVILLE FL 32259**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AHLWARDT, ELMER L.</b>	1.2 NAME	
STREET ADDRESS	<b>601 BAY STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEPTUNE BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD WAY, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>2500 LOWER GOLD CAMP ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLORADO SPRINGS CO</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D VROMAN, KAREN</b>	3.2 NAME	
STREET ADDRESS	<b>12744 BENNINGTON CMMN LN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DV TRITT, ARNOLD</b>	4.2 NAME	
STREET ADDRESS	<b>3745 RIVERSIDE AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DS WHITE, JAMES F.</b>	5.2 NAME	
STREET ADDRESS	<b>1740 LOCHCREST DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BALLWIN MO</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D KIRKWOOD, WILLIAM KENT</b>	6.2 NAME	
STREET ADDRESS	<b>4800 MIDDLETON PARK CIRCLE E.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY-ST-ZIP	
TITLE		7.1 TITLE	
NAME		7.2 NAME	
STREET ADDRESS		7.3 STREET ADDRESS	
CITY-ST-ZIP		7.4 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)(l), 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:

**KENT KIRKWOOD**

**2-18-98**

CR2E037 (1097)