NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N25992

(1)

BENT CYPRESS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address						(18-0411-01 01-01 01-01-01-01-01-01-01-01-01-01-01-01-01-0	1161 B1811 B1811		1 BIBIL BIBIS 1881
11809 POLO CLUB ROAD 11809 POLO CLUB ROA WEST PALM BEACH FL 33414 WEST PALM BEACH FL									
						3. Date Incorporated or Qualified 04/20/1988		e of Last)7/24/1	
2. Principal Pla	nce of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0096876			Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country		Zip Country			This corporation has liability for intangible tax under s. 199.032,				
24	25 29		30			Florida Statutes			
· 	9. Name and Address of Current	Registered Agent		T		10. Name and Address of New Re	gistered A	gent	
			81	Nar	ne				
MCLAUGHLIN, ROBERT C			62	Stre	et Addres	ss (P.O. Box Number is Not Acceptable)		
11809 POLO CLUB ROAD			B3	ļ		· · · · · · · · · · · · · · · · · · ·			
WEST PA	ALM BEACH FL 33414		63	1					
			84	City			E1	85 Z	p Code
11. Pursuant to	o the provisions of Sections 617 0502	and 617 1508. Florida Statut	tes the above.	namer	d cornorat	tion submits this statement for the purp	ose of char	nging its	registered office
or registers	ed agent, or both, in the State of Floric	ia. Such change was authoria	zed by the corp	oratio	n's board	of directors. I hereby accept the appoint	intment as r	egistered	d agent. I am
Tarrina Wit	n, and accept trappolication as a	n 6:17.0503, Florida Statute:	8-96						
SIGNATURE _	Styriative Typed or printed name of register Lagent	and title if applicance (No	OTE: Registered Age	rt signat	ure required v	when reinstating	DATE		
12.	OFFICERS AND		13.		-	ADDITIONS/CHANGES TO OFFIC	DERS AND	DIRECTO	DRS IN 12
TITLE	DP	DELETE	1 1 TITLE	1 1 TITLE] Change	Addition
NAME	MCLAUGHLIN, ROBERT C		1.2 NAME						
STREET ADDRESS	11809 POLO CLUB ROAD		1 3 STREE	T ADDRE	ss				
CITY - ST - ZIP	WEST PALM BEACH FL 3341		14 CHY -	14 CHY+ST+ZIP					
TITLE	DVP			2 1 TITLE			L] Change	Addition Addition
NAME	O'CONNER, TIM		2.2 NAME						
STREET ADDRESS	11809 POLO CLUB ROAD	4	2 3 STREFT ADDRESS		SS				
CITY - ST - ZIP				ST-ZIP] Change	Addition
TITLE NAME	DT CHAROLD	<u></u>					L	J Griginge	[] yearian
STREET ADDRESS	SKINNER, HAROLD 11809 POLO CLUB ROAD			3.2 NAME 3.3 STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33414			3.4. CITY-ST-ZIP					
TITLE	DS	DELETE	4 1 TITLE	01 - EIF] Change	Addition
NAME	HEGARTY, MARY BETH	—	4 2 NAME	:			_	-	•
STREET ADORESS	11809 POLO CLUB ROAD		4 3 STREE	1 ADDRE	ss				
CITY-ST-ZIF	WEST PALM BEACH FL 3341	4	4.4 CHTY-						
TITLE	DVP	DELETE	5 1 THTLE] Change	Addition
NAME	CARR, DAN		5.2 NAME						
STREET ADDRESS	11809 POLO CLUB ROAD		5 3 STREE	ADDRE	ss				
CITY-ST-ZIP	WEST PALM BEACH FL 3341		5.4 CHTY	ST-ZIP				7.00	—
TITLE		DELETE	6 1 TITLE				<u> </u>] Change	Addition Addition
NAME			6 2 NAME		_				
SYREET ADDRESS			6 3 STREE		SS				
CITY-ST-ZIP	v certify that the information supplied v	vith this filma is voluntarily fun	64 CITY :		quality for	the exemption stated in Section 119.0	17(3)/k) Flori	da Statu	tes I further
certify that oath; that appears in	the information indicated op fingannul am an officer or director of the corpor Block 12 or Block 13 if manged, or o	al report or supplemental and attachment with an add	nual report is tr ee empowered iress.	ue and to exe	l accurate cute this	the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 617, Flo	same legal e rida Statute	ffect as i s; and th	if made under lat my name

SIGNATURE: Kohn

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 PRES.

798-7120

Daytime Phone #

CR2E037 (12/