FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N26107** **(5)**

1. Corporation Name

CYPRESS LAKE AT WINSTON PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O KELLEY MGMT OF SOUTH FL 5881 MARGATE BLVD MARGATE FL 33063 US	C/O KELLEY MGMT OF SOTUH FL 5881 MARGATE BBLVD MARGATE FL 33063 US

2. Principal Place of Business 21 5183 NW 15 St	2a. Mailing Address 26 5183 NW 15 St
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 04/26/1988	3a. Date of Last Report 06/29/1995
4. FEI Number 65-0069703	☐ 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

KELLEY MGMT OF SOUTH FL INC
5881 MARGATE BLVD
AGENT BURGESS, JOSEPH L
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 5183 NW 15 St

83 Agent Louis M Jensen

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 Louis M. Jensen, Prop. Mgr. 2/12/96
(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	PD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	MARTINEZ, MARIO		1.2 NAME		
STREET ADDRESS	5080 NW 54TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	HAMLIN, VAN		2.2 NAME		
STREET ADDRESS	5050 NW 54TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	ZAJAC, RITA		3.2 NAME	Andrade, Antonio	
STREET ADDRESS	551 NW 50TH ST		3.3 STREET ADDRESS	5040 NW 54 St	
CITY-ST-ZIP	COCONUT CREEK FL		3.4 CITY-ST-ZIP	Coconut Creek FL 33073	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YATES, NIGEL		4.2 NAME		
STREET ADDRESS	5541 NW 50TH WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MURACA, JOSEPH		5.2 NAME		
STREET ADDRESS	5331 NW 49TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 on an attachment with an address.

SIGNATURE: Van E. Hamlin President 2-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #