**FILE NOW: FILING FEE IS $61.25**

FILED
Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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 |
|---|---|
| 5183 NW 15TH STREET<br>5881 MARGATE BLVD<br>MARGATE FL 33063<br>US | 5183 NW 15TH STREET<br>5881 MARGATE BBLVD<br>MARGATE FL 33063-3714<br>US |

3. Date Incorporated or Qualified: 04/26/1988
3a. Date of Last Report: 02/23/1996

2. Principal Place of Business
21: 1308-B North SR #7
22: Suite, Apt. #, etc.
23: City & State: MARGATE, FL
24: Zip: 33063
25: Country: USA

2a. Mailing Address
26: 1308-B N. SR #7
27: Suite, Apt. #, etc.
28: City & State: Margate, FL
29: Zip: 33063
30: Country: USA

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
AGENT LOUIS M JENSEN
5183 NW 15TH STREET
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: MANAGEMENT AND MARKETING SERVICES, INC
82 Street Address (P.O. Box Number is Not Acceptable): AGENT JOSEPH L. BURGESS
83: 1308-B North State Road 7
84 City: MARGATE FL 85 Zip Code: 33063

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: Joseph L. Burgess, AGENT — DATE: 4-2-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VD | ☒ DELETE | 1.1 TITLE | V D | ☐ Change ☒ Addition |
| NAME | MARTINEZ, MARIO | | 1.2 NAME | JIM BRUNNER | |
| STREET ADDRESS | 5080 NW 54TH STREET | | 1.3 STREET ADDRESS | 5520 NW 50 WAY | |
| CITY-ST-ZIP | COCONUT CREEK FL ~~33073~~ | | 1.4 CITY-ST-ZIP | COCONUT CREEK, FL 33073 | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HAMLIN, VAN | | 2.2 NAME | | |
| STREET ADDRESS | 5050 NW 54TH STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☒ DELETE | 3.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | ANDRADE, ANTONIO | | 3.2 NAME | TAMARA BOADUE | |
| STREET ADDRESS | 5040 NW 54TH STREET | | 3.3 STREET ADDRESS | 5581 NW 55 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 33073 | | 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 33073 | | 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 (9/96)

14. I do 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.

**SIGNATURE:** Joseph L. Burgess AGENT 4-2-97 954-978-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0025385