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May 10, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26107

1. Corporation Name

CYPRESS LAKE AT WINSTON PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5000 NW 54TH ST COCONUT CREEK FL 33073 US	5000 NW 54TH ST COCONUT CREEK FL 33073 US

2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 04/26/1988	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0069703	☐ Applied For ☐ Not Applicable
City & State 23	City & State 26	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MANAGEMENT AND MARKETING SERVICES INC.
AGENT JOSEPH L BURGESS
5000 NW 54TH ST
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81 Name: Barry Kaufman, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 9900 W. Sample Road #300
83
84 City: Coral Springs FL 85 Zip Code: 33065

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 _____ 4/28/99 954-344-5353
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRUNNER, JIM 5520 NW 50 WAY COCONUT CREEK FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Director Violandi, Camen 5120 NW 54 St Coconut Creek, FL 33073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAMLIN, VAN 5050 NW 54TH STREET COCONUT CREEK FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Munoz, Rita 5511 NW 50 Ave Coconut Creek, FL 33073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HANSEN, CLAY 5561 NW 49TH WAY COCONUT CREEK FL 33073	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director Bellaflores, Robert 5521 NW 50 Avenue Coconut Creek, FL 33073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD YATES, NIGEL 5541 NW 50TH WAY COCONUT CREEK FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Cruz, Karen 5551 NW 49 Way Coconut Creek, FL 33073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, MARIO 5080 NW 54TH ST COCONUT CREEK FL 33073	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Clark, Sandra 4901 NW 55 St Coconut Creek, FL 33073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: Robert Bellaflores SIGNATURE REQUIRED 4/28/99 954-344-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E027 (11/98)