

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N27627 (1) 1. Corporation Name CYPRESS TRACE SHOPPING CENTER PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business % FAISON PROPERTIES 400 N. ASHLEY DRIVE, STE. 2500 TAMPA FL 33602			Mailing Address % FAISON PROPERTIES 400 N. ASHLEY DRIVE, STE. 2500 TAMPA FL 33602		
2. Principal Place of Business 21 <u>C/O Merchants Mgmt., Inc.</u> Suite, Apt. #, etc. 22 <u>3613 W. Waters Ave.</u> City & State 23 <u>Tampa FL</u> Zip 24 <u>33614</u>		2a. Mailing Address 25 <u>c/o Merchants Mgmt., Inc.</u> Suite, Apt. #, etc. 27 <u>300 Village Green Cir.</u> City & State 28 <u>Smyrna, GA</u> Zip 29 <u>30080</u>		3. Date Incorporated or Qualified 07/27/1988 4. FEI Number 37-6002057 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 SANDBERG, BOB 400 N. ASHLEY DRIVE STE. 2500 TAMPA FL 33602			10. Name and Address of New Registered Agent 81 Name <u>Bob Sandberg</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>3613 W. Waters Ave.</u> 83 84 City <u>Tampa</u> <u>FL</u> 85 Zip Code <u>33614</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	POYER, WILL				
STREET ADDRESS	458 8TH STREET NORTH				
CITY-ST-ZIP	NAPLES FL 33940				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	CHIARIELLO, GUY				
STREET ADDRESS	1201 N. CLARK ST., STE. 300				
CITY-ST-ZIP	CHICAGO IL 60610				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SORET, MANI				
STREET ADDRESS	28145 S. TAMiami TRAIL				
CITY-ST-ZIP	BONITA SPRINGS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ZARDETTO, GIACOMO				
STREET ADDRESS	15600 FIDDESTICKS BLVD.				
CITY-ST-ZIP	FT. MYERS FL 33912				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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)(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: <u>Guy Chiariello</u> <u>GUY CHIARIELLO</u> <u>4/27/98</u> <u>(312) 335-2600</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047804					

CR2E037 (10/97)