


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38596 (5)
1. Corporation Name
CYPRESS COVE OF JUPITER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 725 N A1A C-110 JUPITER FL 33477 US	Mailing Address 103 S US 1 F5-135 JUPITER FL 33477 US
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3. Date Incorporated or Qualified
06/12/1990

4. FEI Number
65-0228334

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**LEVINE, JAY STEVEN
LEVINE, FRANK & EDGAR PA.
3300 PGA BLVD, SUITE 500
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	<input type="checkbox"/> DELETE	1.1 TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICH, JAMES E		1.2 NAME	
STREET ADDRESS 19177 TAMARA LANE		1.3 STREET ADDRESS Arthur Schwartz	
CITY-ST-ZIP JUPITER FL		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE 6809 Cypress Cove Circle	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURPHY, RICHARD E		2.2 NAME Jupiter, FL. 33458	
STREET ADDRESS 6822 CYPRESS COVE CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURIANO, KAREN		3.2 NAME	
STREET ADDRESS 6989 CYPRESS COVE CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNNS, LISA		4.2 NAME	
STREET ADDRESS 6845 CYPRESS COVE CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARTMAN, ESTER		5.2 NAME	
STREET ADDRESS 120 OLYMPUS WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS Arthur Schwartz	
1.4 CITY-ST-ZIP	
2.1 TITLE 6809 Cypress Cove Circle	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Jupiter, FL. 33458	
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: _____ SIGNATURE REQUIRED 3-5-98 575 3551

CR2E037 (10/97)