

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 # N92000000174 (4)

1. Corporation Name

THE CYPRESS HEAD WOMEN'S GOLF ASSOCIATION INC.



Principal Place of Business

Mailing Address

**4435 S ATLANTIC AVE
#813
PONCE INLET FL 32127**

**4435 S ATLANTIC AVE
#813
PONCE INLET FL 32127**

3. Date Incorporated or Qualified
11/19/1992

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 715 FAIRWAY DR

26 715 FAIRWAY DR.

4. FEI Number

59-3145215

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

10. Name and Address of New Registered Agent

**MURPHY, KATHY
4435 S ATLANTIC AVE
#813
PONCE INLET FL 32127**

81 Name

WHITMAN, GLORIA

82 Street Address (P.O. Box Number is Not Acceptable)

715 FAIRWAY DRIVE

83

NEW SMYRNA BEACH

84 City

FL

85 Zip Code

32168

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

Gloria A. Whitman

Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MCSWEENEY, NANCY**
STREET ADDRESS **692 MIDDLEBURY LOOP**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **WOOD, KITTY**
STREET ADDRESS **2980 CARRIAGE DR**
CITY-ST-ZIP **S DAYTONA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **BEIDINGER, LINDA**
STREET ADDRESS **6220 POPLAR GROVE DR**
CITY-ST-ZIP **PORT ORANGE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **MURPHY, KATHY**
STREET ADDRESS **4435 S ATLANTIC AVE #813**
CITY-ST-ZIP **PONCE INLET FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**T
WHITMAN, GLORIA
715 FAIRWAY DRIVE
NEW SMYRNA BEACH, FL 32168**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Gloria Whitman, Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96

Date

904-427-1107

Daytime Phone

CR2E037 (12/95)