

**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 # **N93000003127 (8)**

1. Corporation Name

**CYPRESS HOLLOW ASSOCIATION, INC.**



Principal Place of Business: **951 BROKEN SOUND PKWY., SUITE 250 BOCA RATON FL 33487**  
Mailing Address: **951 BROKEN SOUND PKWY., SUITE 250 BOCA RATON FL 33487**

3. Date Incorporated or Qualified: **07/06/1993**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **65-0264712**  
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  
**MESSINGER, JOEL  
951 BROKEN SOUND PWY  
SUITE 100  
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent  
81 Name: **Community Association Services, Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable): **951 BROKEN SOUND PKWY**  
83: **STE 250**  
84 City: **BOCA RATON** FL 85 Zip Code: **33487**

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: *Joel Messinger* PRES DATE: **4/16/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COHEN, DOUGLAS S	
STREET ADDRESS	3323 W COMMERCIAL BLVD SUITE 100	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	AGAR, JEFF	
STREET ADDRESS	3323 W COMMERCIAL BLVD SUITE 100	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BRESSING, DAVID	
STREET ADDRESS	951 BROKEN SOUND PWY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>500001802225</b>
4.4 CITY-ST-ZIP	<b>-05/01/96--01007--008</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>***61.25</b>
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 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: *David Blessing* (David BRESSING) DATE: **4-19-96**

CR2E037 (12/95)