## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** May 01 1998 8:00am Secretary of State

1. Corporation No	EIVI 7 1050C	1000003127	(0)							
CYPRESS	HOLLOW ASSOCIAT	TON, INC.								
Principal Place of Business Mailing Address										
	51 BROKEN SOUND PKWY SUITE 250 OCA RATON FL 33487		951 BROKEN SOUND PKWY SUITE 250 BOCA RATON FL 33487			3. Date Incorporated or Qualified 07/06/1993				
						4. FEI Number	Applied For			
						65-0264712	Not Applicable			
2. Principal Place	of Business	2a. Malling Address 26				D. Confide of Status Desired L.J 7	5 Additional Required			
Sulte, Apt. #, e	lc.	Suite, Apt. #	Suile, Apt. #, etc.				May Be			
City & State		City & State				7. Is this nonprofit corporation a homeowners association?  Yes \( \subseteq \text{No} \)				
Zip	Country 25	Zip 29		untry		8. This corporation owes or has paid the current yea Personal Property Tax due June 30.	Intangible  No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
		<b></b>		81	Name					
COMMUNITY ASSOCIATION SERVICES, INC. 951 BROKEN SOUND PWY					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 250				83						
BOCA RATO	ON FL 33487			84	City	FL  85	Zip Code			
office or regis	ne provisions of Sections 617 stered agent, or both, in the S smillar with, and accept the c	State of Florida. Such char	nge was authorize	ad by	the corporati	oration submits this statement for the purpose of changing ion's board of directors. I hereby accept the appointment	ng its registered as registered			
SIGNATURE	ature, typed or printed name of requirers	ed agent and title if applicable.	(NOTE: Register	ed Age	nt signature requir	ed when reinstating) DATE				

-90	and the state of the second state of the secon											
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	OFFICERS AND DIRECTORS	(NOTE: A	13.	ADDITIONS/CHANGES TO OF								
TITLE		DELETE	1.1 TITLE	ABOTTO HOTO PARAGES TO OTT	Change	Addition						
NAME		Joccene	1.2 NAME		C. C. C. C.							
	BONGIOVANNI, MICHAEL J											
STREET ADDRESS	6529 NW 54TH COURT		1.3 STREET ADDRESS									
CITY-ST-ZIP	LAUDERHILL FL	T	1.4 CITY - ST - ZIP			11111111						
TITLE		DELETE	2.1 TITLE		☐ Change	Addition						
NAME	Mirsky, ken		2.2 NAME									
STREET ADDRESS	6501 NW 54TH COURT		2.3 STREET ADDRESS									
CITY-ST-ZIP	LAUDERHILL FL		2.4 CITY-ST-ZIP									
TITLE	D	DELETE	3.1 TITLE		☐ Change	■ Addition						
NAME	WILLIAMS, NORBERT		3.2 NAME									
STREET ADDRESS	5400 NW 64TH TERRACE		3.3 STREET ADDRESS									
CITY-ST-ZIP	LAUDERHILL FL		3.4. CITY - ST - ZIP									
TITLE	L	DELETE	4.1 TITLE		☐ Change	Addition						
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREET ADDRESS									
CITY-ST-ZIP			4.4 CITY-ST-ZIP									
TITLE		DELETE	5.1 TITLE		☐ Change	Addition						
NAME			5.2 NAME									
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY-ST-ZIP									
TITLE		DELETE	6.1 TITLE		☐ Change	Addition						
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
CITY-ST-ZIP			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 chapter, or on an attachment with an address.

11/23/98