

FILE NOW: FILING FEE IS \$61.25

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90017 016 ****61.25



NONPROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000003127

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

464203-90017-16 3



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/06/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0264712
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COMMUNITY ASSOCIATION SERVICES, INC. 951 BROKEN SOUND PWY SUITE 250 BOCA RATON FL 33487	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONGIOVANNI, MICHAEL J	1.2 NAME	EVERETT BRAY
STREET ADDRESS	6529 NW 54TH COURT	1.3 STREET ADDRESS	6428 NW 52 CT.
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
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 <input type="checkbox"/> DELETE	3.1 TITLE	
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	<input type="checkbox"/> DELETE	4.1 TITLE	George maheras <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	5109 N.W. 66th Ave
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Nancy Winslow <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	6517 N.W. 54th Ct.
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONGIOVANNI, MICHAEL J 4-20-99 561-994-1788

CR2E037 (11/98)