

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 # N94000002765 (5)

1. Corporation Name

CYPRESS LANDING OF ORANGE COUNTY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1051 WINDERLEY PLACE
SUITE 307
MAITLAND FL 32751**

**1051 WINDERLEY PLACE
SUITE 307
MAITLAND FL 32751**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/01/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3295183

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**DP
GALLIMORE, ELLSWORTH G**

☐ DELETE

NAME

STREET ADDRESS

**1366 CLASSIC COURT XXX
KONGWARR FL 32770 XXX**

CITY - ST - ZIP

TITLE

**D
GALLIMORE, SHIRLEY P**

☐ DELETE

NAME

STREET ADDRESS

**1366 CLASSIC COURT XXX
KONGWARR FL 32770 XXX**

CITY - ST - ZIP

TITLE

**DST
WARD, LOUISE A**

☐ DELETE

NAME

STREET ADDRESS

**2401 ST ANDREWS BLVD NO. 2002
WINTER PARK FL 32782**

CITY - ST - ZIP

TITLE

**X
WARD, LOUISE A**

☐ DELETE

NAME

STREET ADDRESS

**X
WARD, LOUISE A**

CITY - ST - ZIP

TITLE

**X
WARD, LOUISE A**

☐ DELETE

NAME

STREET ADDRESS

**X
WARD, LOUISE A**

CITY - ST - ZIP

TITLE

**X
WARD, LOUISE A**

☐ DELETE

NAME

STREET ADDRESS

**X
WARD, LOUISE A**

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**1051 Winderley Place Suite 307
Maitland, FL 32751**

2.1 TITLE

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**1051 Winderley Place Suite 307
Maitland, FL 32751**

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**1051 Winderley Place Suite 307
Maitland, FL 32751**

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Louise A. Ward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise A. Ward, Sec/Treasurer

2/20/96

Date

Daytime Phone #

CR2E037 (12/95)