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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
MATLAND FL 32751

1051 WINDERLEY PLACE
SUITE 307 --
MATLAND FL 32751-7296

2. Principal Place of Business

2a. Mailing Address

21 2170 SR 434 W
Suite, Apt. #, etc.

26 2170 SR 434 W
Suite, Apt. #, etc.

22 Suite 384
City & State

27 Suite 384
City & State

23 Longwood FL
Zip

28 Longwood FL
Zip

24 32779

Country
25 USA

29 32779

Country
30 Y USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/01/1994

3a. Date of Last Report
02/26/1996

4. FEI Number
59-3295183

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

GALLIMORE, ELLSWORTH G
1051 WINDERLEY PLACE
SUITE 307
MATLAND FL 32751

10. Name and Address of New Registered Agent
81 Name Edith HERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable)
Re/Max Central Property Management
83 2170 SR 434 W, Suite 384
84 City Longwood FL 85 Zip Code 32779

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 Edith A. HERNANDEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

5/7/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME GALLIMORE, ELLSWORTH G
STREET ADDRESS 1051 WINDERLEY PLACE, SUITE 307
CITY-ST-ZIP MATLAND FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME GALLIMORE, SHIRLEY P
STREET ADDRESS 1051 WINDERLEY PLACE, SUITE 307
CITY-ST-ZIP MATLAND FL

1.2 NAME ☐ Change ☐ Addition

TITLE DST
NAME WARD, LOUISE A
STREET ADDRESS 1051 WINDERLEY PLACE, SUITE 307
CITY-ST-ZIP MATLAND FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

CR2E037 (9/96)