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Mar 18 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 # **N95000000651 (8)**

1. Corporation Name

THE CYPRESS COVE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
125 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114	125 N. RIDGEWOOD AVE. DAYTONA BEACH FL 32114-3258

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-3042290 ☐ 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

9. Name and Address of Current Registered Agent

BARTLETT, LAURENCE H
125 N. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

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 _____ 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	DP	☐ DELETE	1.1 TITLE	Vice-President	☐ Change ☒ Addition
NAME	STOEKEL, ROBERT		1.2 NAME	Rick Pountain	
STREET ADDRESS	837 CHICKADEE DR		1.3 STREET ADDRESS	855 Chickadee Dr.	
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CITY-ST-ZIP	Port Orange, Fl. 32127	
TITLE	VP	☒ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	BURTON, LESSIE		2.2 NAME	George Adams	
STREET ADDRESS	842 CHICKADEE DR		2.3 STREET ADDRESS	860 Chickadee Dr.	
CITY-ST-ZIP	PORT ORANGE FL 32127		2.4 CITY-ST-ZIP	Port Orange, Fl. 32127	
TITLE	S	☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	KLINDT, ROBIN		3.2 NAME	Kenneth Klindt	
STREET ADDRESS	806 CHICKADEE DR		3.3 STREET ADDRESS	806 Chickadee Dr.	
CITY-ST-ZIP	PORT ORANGE FL 32127		3.4 CITY-ST-ZIP	Port Orange, Fl. 32127	
TITLE	T	☐ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	NORRIS, LINDA		4.2 NAME	Dominick Spero	
STREET ADDRESS	901 CHICKADEE DR		4.3 STREET ADDRESS	854 Chickadee Dr.	
CITY-ST-ZIP	PORT ORANGE FL 32127		4.4 CITY-ST-ZIP	Port Orange, Fl. 32127	
TITLE	DCB	☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	DELL, NEIL		5.2 NAME	Margaret Kirk	
STREET ADDRESS	856 CHICKADEE DR		5.3 STREET ADDRESS	802 Mockingbird	
CITY-ST-ZIP	PORT ORANGE FL 32127		5.4 CITY-ST-ZIP	Port Orange, Fl. 32127	
TITLE	DBM	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBB, LYNN		6.2 NAME		
STREET ADDRESS	887 CHICKADEE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL 32127		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.