

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003127 (6)

1. Corporation Name

CYPRESS CREEK BASIN ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9564 SOUTH KILGORE ROAD
ORLANDO FL 32836

9564 SOUTH KILGORE ROAD
ORLANDO FL 32836

3. Date Incorporated or Qualified

06/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

P.O. Box 2252

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

32836

Orange

4. FEI Number

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

10. Name and Address of New Registered Agent

DUNEGAN, RICHARD ESO.
128 EAST LIVINGSTON STREET
ORLANDO FL 32801

11. Name

12. Street Address (P.O. Box Number is Not Acceptable)

13. City

FL

14. 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 ☐ DELETE

NAME D
STREET ADDRESS DIRLAM, GARY
CITY - ST - ZIP 9564 SOUTH KILGORE ROAD
ORLANDO FL 32836

TITLE ☐ DELETE

NAME D
STREET ADDRESS KRASS, JAMES
CITY - ST - ZIP 9128 POINT CYPRESS DRIVE
ORLANDO FL 32836

TITLE ☐ DELETE

NAME D
STREET ADDRESS LOUCKS, TIM
CITY - ST - ZIP 8817 TROUT ROAD
ORLANDO FL 32836

TITLE ☐ DELETE

NAME D
STREET ADDRESS SMYTH, KEVIN
CITY - ST - ZIP 8816 LAKE SHEEN COURT
ORLANDO FL 32836

TITLE ☐ DELETE

NAME D
STREET ADDRESS WICHMAN, WELDON
CITY - ST - ZIP 9413 STATE ROAD 535
ORLANDO FL 32836

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

TIMOTHY M. LOUCKS TREAS.

Date

Daytime Phone #

1/6/96

407-876-5196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)