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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005240 (5)**

1. Corporation Name

CYPRESS WOODS COMMUNITY ASSOCIATION, INC.



Principal Place of Business	Mailing Address
2424 ENTERPRISE ROAD SUITE F CLEARWATER FL 34629	2424 ENTERPRISE ROAD SUITE F CLEARWATER FL 34629

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

59-3345283

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 31425 US HWY. 19

26 31425 US HWY. 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
23 PALM HARBOR, FL.**

**27 City & State
28 PALM HARBOR, FL.**

24 Zip 34684 25 Country U.S.A.

29 Zip 34684 30 Country U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NIKJEH, FARHOD
31473 US 19 N
PALM HARBOR FL 34829**

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

Farhod M. Nikjeh

FARHOD M. NIKJEH

2.11.98

Signature of individual or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	NIKJEH, FARHOD	
STREET ADDRESS	31473 U.S. 19 NORTH	<i>New Address</i>
CITY-ST-ZIP	PALM HARBOR FL 34684	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	FARHOD M. NIKJEH	
1.3 STREET ADDRESS	31425 US 19	
1.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684	

TITLE	SD	☒ DELETE
NAME	MACKENZIE, G. MICHAEL	
STREET ADDRESS	2424 ENTERPRISE ROAD, SUITE F	
CITY-ST-ZIP	CLEARWATER FL 34623	

2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	FARHOD M. NIKJEH	
2.3 STREET ADDRESS	31425 US 19	
2.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684	

TITLE	TD	☐ DELETE
NAME	LOZANO, JULIE	
STREET ADDRESS	31473 U.S. 19 NORTH	<i>Change Add</i>
CITY-ST-ZIP	PALM HARBOR FL 34684	

3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	LOZANO, JULIE	
3.3 STREET ADDRESS	31425 U.S. 19	
3.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

Farhod M. Nikjeh

2.11.98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0613272

CR2E037 (1097)