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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005240

1. Corporation Name
CYPRESS WOODS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
31425 US HWY 19 SUITE F PALM HARBOR FL 34684 US	31425 US HWY 19 SUITE F PALM HARBOR FL 34684 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/06/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3345283 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NIKJEH, FARHOD
31473 US 19 N
PALM HARBOR FL 34629

10. Name and Address of New Registered Agent

81 Name: FARHOD M. NIKJEH
82 Street Address (P.O. Box Number is Not Acceptable): 3545 LANDMARK TRAIL
83
84 City: PALM HARBOR FL 85 Zip Code: 34684

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 2/9/99
Signature, typed or printed name of registered agent and title 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	1.1 TITLE	PSD	☒ Change ☐ Addition
NAME	NIKJEH, FARHOD		1.2 NAME	FARHOD M. NIKJEH	
STREET ADDRESS	31425 US 19		1.3 STREET ADDRESS	3545 LANDMARK Trail	
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 CITY-ST-ZIP	Palm Harbor, Fl. 34684	
TITLE	SD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	NIKJEH, FARHOD		2.2 NAME	FARHOD M. NIKJEH	
STREET ADDRESS	31425 US 19		2.3 STREET ADDRESS	3545 Landmark Tr., P.H. Fl. 34684	
CITY-ST-ZIP	PALM HARBOR FL 34684		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOZANO, JULIE		3.2 NAME		
STREET ADDRESS	31425 US 19		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34684		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Farhod M. Nikjeh 2/9/99 727-789-5588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Farhod M. Nikjeh 3/18/99