FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

Principal Place of Business

SIGNATURE:

N96000003075 (6)

Mailing Address

CYPRESS LINKS HOMEOWNERS ASSOCIATION, INC.

801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 33963			801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108-2764								
MARCEO I E GOS	~						3. Date Incorporated or Qualified 06/11/1996 3a. Date of Last Report				
2. Principal Pla	ce of Busin	ess	2a. Mailing Address				4. FEI Number Applied For				
21			26				59-3420323 Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23]			28				Trust Fund Contribution Added to Fees				
Zip		Country	Zip		ountry	<i>t</i>	8. This corporation has liability for intangible tax under s. 199.032,				
₂₄ 34108		25	29	30			Florida Statutes Yes No				
	9. Name	and Address of Currer	it Registered Agent		81	Name	10. Name and Address of New Registered Agent				
					01						
	is, vivian				62	Street	reet Address (P.O. Box Number is Not Acceptable)				
	REL OAK	DRIVE		83							
SUITE 50					L						
NAPLES	FL 33963				84	City	FL 85 Zip Code 34108				
11 Pursuant to	the provis	ions of Sections 617 050	2 and 617 1508. Florida Stal	tutes the	abov	e-named	corporation submits this statement for the purpose of changing its registered				
office or rei	distored ad	ient, or both, in the State	of Florida. Such change wa	is authori:	zed b	y the corp	poration's board of directors. I hereby accept the appointment as registered				
agent. I am	n familiar wi	th, and accept the oblig	ations of, Section 617.0503,	Fiorida S	atute	8.					
SIGNATURE _	Sociation Tened	or printed name of registered aq-	and tille if applicable (N	IOTE: Regist	red Ad	ent signature	required when reinstating) DATE				
12.	agrand o, typos		D DIRECTORS	1			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D		DELETE	1.	TITLE		D/V 5d Change Addition				
NAME	SCHMO	YER, JERRY		1.3	NAME						
STREET ADDRESS 801 LAUREL OAK DRIVE #500					1.3 STREET ADDRESS						
CITY-ST-ZIP		S FL 33963		1.4	CITY-	\$T-ZIP	Naples, FL 34108				
THILE	D		DELETE	2.	TITLE		D/P Change 28 Addition				
NAME	SCHW/	Artz, Doug		2.5	NAME		Katherine Green				
STREET ADDRESS	801 LA	UREL OAK DRIVE #5	00	2.	STREE	T ADDRESS	801 Laurel Oak Drive,#500				
CITY-ST-ZIP	NAPLE	S FL 33963		2.	4 CITY-	ST-ZIP	Naples, FL 34108				
TITLE	D		☐ DELETE	3.	TITLE		D/S S Change ☐ Addition				
NAME	HASTIN	igs, vivien		3.	NAME						
STREET ADDRESS	801 LA	urel oak drive #9	00	3.	STREE	T ADDRESS					
CITY - ST - ZIP	NAPLE	S FL 33963		3.	I. CITY-	ST-ZIP	Naples, FL 34108				
TITLE			DELETE	4.	TITLE		T Change 🔀 Addition				
NAME				4.	2 NAME		Alice Carlson				
STREET ADDRESS				4.	3 STREE	T ADDRESS	801 Laurel Oak Drive, #500				
CITY-ST-ZIP			T 22		4 CITY-	ST-ZIP	Naples, FL 34108				
TITLE			☐ DELETE		1 TITLE		Change Addition				
NAME					2 NAME						
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP			DELETE			ST - ZIP	Change Addition				
TITLE			[] DETERE		1 TITLE		L Criange L Mount				
NAME				1	2 NAME						
STREET ADDRESS				1		T ADDRESS					
CITY-ST-ZIP	v cerlify the	at the information supplie	nd with this filling does not a	alify for t	he ex	ST-ZIP emption :	I stated in Section 119.07(3)(i), Florida Statutes. I further certify that the				
information	nindicated	on this annual report or ector of the corporation of	supplemental appual report.	is true an powered t address. BYV.	d acc	curate and cute this	d that my signature shall have the same legal effect as if made under oath; the report as required by Chapter 617, Florida Statutes; and that my name				

FILED Mar 11 1997 8:00am Secretary of State

(941) 597-6061