FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

N96000003075 (6)

DOCUMENT # CYPRESS LINKS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **801 LAUREL OAK DRIVE 601 LAUREL OAK DRIVE** 3. Date Incorporated or Qualified SUITE 500 SUITE 500 06/11/1996 NAPLES FL 33963 NAPLES FL 33963 4. FEI Number Applied For 59-3420323 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 24301 Walden Center Drive 24301 Walden Center Drive 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Suite 300 Suite 300 Trust Fund Contribution Added to Fees City & State Bonita Springs, FL City & State 7. Is this nonprofit corporation a homeowners association? Bonita Springs, FL Yes No Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 USA USA 34134 x Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name Vivien N. Hastings Street Address (P.O. Box Number is Not Acceptable)
24301 Walden Center Drive HASTINGS, VIVIAN 82 **801 LAUREL OAK DRIVE** 83 **SUITE 500** Suite 300 NAPLES FL 34108 84 Bonita Springs 11. Pursuent 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 6170503, Florida Statutes.

3/4/98 SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. D۷ DELETE 1.1 TITLE change Addition TITLE SCHMOYER, JERRY NAME 1.2 NAME 24301 Walden Center Drive 801 LAUREL OAK DRIVE #500 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP Bonita Springs, FL CITY-ST-ZIP DELETE Addition 2.1 TITLE X Change TITI F DΡ KATHERINE GREEN NAME 2.2 NAME 24301 Walden Center Drive 801 LAUREL OAK DR 500 2.3 STREET ADDRESS STREET ADDRESS Bonita Springs, FL NAPLES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE X Change Addition TITLE DS 3.1 TITLE HASTINGS, VIVIEN 3.2 NAME 24301 Walden Center Drive 801 LAUREL OAK DRIVE #500 3.3 STREET ADDRESS STREET ADDRESS Bonita Springs, FL NAPLES FL 3.4. CITY-ST-ZIP CITY-ST-ZIP X DELETE X Addition 4.1 TITLE TITLE Steven C. Adelman ALICE CARLSON 4 2 NAME 801 LAUREL OAK DR 500 24301 Walden Center Drive STREET ADDRESS 4.3 STREET ADDRESS NAPLES FL Bonita Springs, FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME

14. Thereby 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.

Vivien N. Hastings, Secretary

SIGNATURE:

3/4/98 (941) 947-2600

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 31 1998 8:00am

Secretary of State