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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001430 (4)

1. Corporation Name

CYPRESS CREEK FARMS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PORTER, WRIGHT, MORRIS & ARTHUR  
4501 TAMiami TRAIL NO STE 400  
NAPLES FL 34103

C/O PORTER, WRIGHT, MORRIS & ARTHUR  
4501 TAMiami TRAIL NO STE 400  
NAPLES FL 34103

3. Date Incorporated or Qualified

03/09/1997

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

KANNENSOHN, JEFFREY S  
4501 TAMiami TRAIL NO STE 400  
NAPLES FL 34103

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

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 D ☐ DELETE  
NAME KAUFMANN, RICHARD D  
STREET ADDRESS 103 ESTHER ST  
CITY-ST-ZIP NAPLES FL 34104

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME KAUFMANN, RICHARD D  
1.3 STREET ADDRESS 2023 RIVER BEACH DR. APT 334  
1.4 CITY-ST-ZIP NAPLES, FL 34104

TITLE D ☐ DELETE  
NAME KAUFMAN, FREDERICK G  
STREET ADDRESS 1955 SW 134TH AVE.  
CITY-ST-ZIP MIAMI FL 33177

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME KAUFMANN, FREDERICK G  
2.3 STREET ADDRESS 1955 SW 134 AVE  
2.4 CITY-ST-ZIP MIAMI, FL 33177

TITLE D ☐ DELETE  
NAME FEINSTEIN, ERIC  
STREET ADDRESS 13524 ROSEWOOD LANE  
CITY-ST-ZIP NAPLES FL 34119

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

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, upon an attachment with an address.

SIGNATURE:

*Frederick G. Kaufman* 2/20/98 (305) 233-6000

CP2E037 (10/97)