

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUN -7 AM 10:55

DOCUMENT # P92000013389 (1)

1. Corporation Name

CYPRESS ISLAND DEVELOPMENT, CORP.

Principal Place of Business

Mailing Address

816 ANCHOR RODE DR
NAPLES FL 33963
US

816 ANCHOR RODE DR
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/21/1992

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

21 25010 CYPRESS HOLLOW

26 25010 CYPRESS HOLLOW

4. FEI Number
65-0384663

Applied For
Not Applicable

22 Suite, Apt. #, etc.
102

27 Suite, Apt. #, etc.
102

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
BONITA SPRINGS FL

28 City & State
BONITA SPRINGS FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33923 Country U.S.A.

29 33923 Country U.S.A.

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIEBERFARB, STANLEY
801 12TH AVE S
NAPLES FL 33940

81 Name LIEBERFARB STANLEY, J.

82 Street Address (P.O. Box Number is Not Acceptable)
400 TAMU AVENUE, N.

83 SUITE 330

84 City NAPLES FL FL 85 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SMITH, ANDREW
STREET ADDRESS 6820 PELICAN BAY BLVD., #145A
CITY- ST- ZIP NAPLES FL

11 TITLE Change Addition
12 NAME APPT. 102
13 STREET ADDRESS 25010 CYPRESS HOLLOW
14 CITY- ST- ZIP BONITA SPRINGS, FL. 33923

TITLE VD
NAME SMITH, ADAM
STREET ADDRESS 155 NATILUS RD
CITY- ST- ZIP NAPLES FL

21 TITLE Change Addition
22 NAME APPT. 102
23 STREET ADDRESS 25010 CYPRESS HOLLOW
24 CITY- ST- ZIP BONITA SPRINGS, FL 33923

TITLE SD
NAME SMITH, LESLEY
STREET ADDRESS 6820 PELICAN BAY BLVD., #145A
CITY- ST- ZIP NAPLES FL

31 TITLE Change Addition
32 NAME APPT. 102
33 STREET ADDRESS 25010 CYPRESS HOLLOW
34 CITY- ST- ZIP BONITA SPRINGS, FL. 33923

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW SMITH 5-30-95 813-498-0500