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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P92000013389	(1))
1 Composition Massa			•

CYPRESS ISLAND DEVELOPMENT, CORP.

Principal Place	of Rusinese	Molling Arthrope						
25010 CYPRE STE 102		Mailing Address 25010 CYPRESS HOLL STE 102 BONITA SPRIGNS FL						
US	~	US				3. Date Incorporated or Qualified 12/21/1992	3a. Date of Last 06/07/1	Report 995
	ace of Business	28. Mailing Address	, .			4. FEI Numba 65-0384663	<u> </u>	Applied For
	HEY HEBERFTIRB		とどうこん	Tank	*************	0370304003		Not Applicable
i	LUMINITIES IN	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional e Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		. 00 May Be
Zip	Country	Zip	Country			8. This corporation has liability for in		ded to Fees
24 3 391	25	29	30			Florida Statutes 🗸 Yes		0 100,002,
	9. Name and Address of Current	Registered Agent			***************************************	10. Name and Address of New Re	egistered Agent	
HEREOE	ARB, STANLEY		81	Nar	16			
	MIAMI TRAIL N		82	Stre	et Addres	ss (P.O. Box Number is Not Acceptable	e)	
STE 330			<u> </u>					
	FL 33940		83					
1			84	City			85	Zip Code
11. Purs ant t	o the provisions of Sections 607.0502	and 607 1508. Florida Statut	e the above of		noroorat	ion cubmits this statement for the num	FL V	
or register	eo agent, or both, in the State of Fiorio	a. Such change was authoriz	ed by the com	oratio	i's board	of directors. Thereby accept the appo	oose of changing its intment as register	s registered office ed agent, I am
	th, and accept the obligations of, Section	in 607.0505, Florida Statut es	i.					
SIGNATURE: .	Signature, typed or printed name of registered agent a	nd title if applicable (NC	TE: Rogistered Ager	Lsignali	re regoired v	sher reinstating)	DATE	
12.	OFFICERS AND		13.		···	ADDITIONS/CHANGES TO OFFICE		FORS IN 12
TITLE	SMITH, ANDREW	DELETE	1 1 TITLE				√ Change	e 🔲 Addition
NAME	25010 SYPRESS HOLLOW AP	7:109	1.2 NAME		PI	MENDANSES PHACE	HONES.	_#255c4.32
STREET ADDRESS	NAPLES FL	1 102	1.3 STREET	ADDRES	8 8 W	inional cool 1	ARICA	
CITY-ST-ZIP	VD	First transfer	1,4 CITY - S	T - ZIP	501	SITTE EPPENDES FRO		
TITLE	SMITH, ADAM	DELETE	2. 1 1111.5			•	☐ Change	e 🔲 Addition
NAME STREET ADDRESS	-95010 CYPRESS HOLLOW-APT-109-			2.2 NAME 2.3 STREET ADDRESS		SOMME S		
CiTY-ST-ZIP	NAPLES FL				S			
TITLE	SD	DELETE	2.4 CITY - S 3. 1 TITLE	1-24-9			[] Change	e 🔲 Addition
NAME	SMITH, LESLEY		3.2 NAME	-7		Acard 400		, Lastron
STREET ADDRESS	-25010 CYPRESS HOLLOW-AP	T-102-	3.3. STREET	ADDRE	₃₅ +	S ABOUC		
CHTY-ST-ZIP	NAPLES FL		3.4 GITY - S	1 - ZIP				
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NAME			4.2 NAME					
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CITY - ST - ZIF			4.4 CITY-S	- 71ē'				
TITLE		☐ DELETE	5. 1 11fle				Change	Addition
NAME			5.2 NAME	i jumi y		9000018 3 -05/22/960102	4079	
STREET ADDRESS			5.3 STREET		S	-05/22 /9 60102	24029	
CHTY-ST-7IF TITLE		DELETE	5.4 CHY-S' 6. 1 TITLE	I - ZIP		***200.00	Change	e 🔲 Addition
NAME			6.1 THE				Change	. [1] Magitiph
STREET ADDRESS			6.3 STREET	ADDDEC	c			
CITY-\$1-ZIP			64 CHY-S		Ŭ			
14. I do hereb	certify that the info treation supplied w	th this filing is voluntarily furn	ished and does	not c	ualify for	the exemption stated in Section 119.0	7(3)(k), Florida Stat	utes. I further
oath; that I	i am an officer of Nirector of the corpora	1 report or supplemental annuation or the receiver or truster an attachment with an addr	a empowered t	e and o exe	accurate oute this r	and that my signature shall have the s eport as required by Chapter 607, Flor	ame legal effect as rida Statutes; and t	if made under hat my name

SIGNATURE:

ANDREW Smith - PLESHAN