SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 8:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000006370 (9)**

1. Corporation Name
CYPRESS PINES GOLF & TENNIS CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11750 HOMESTEAD RD. LEHIGH ACRES FL 33936	11750 HOMESTEAD RD. LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified: **01/27/1993**
3a. Date of Last Report: **06/30/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0402853** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COSTELLO, TRUMAN J
12670 NEW BRITTANY BLVD.
#101
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, GARY SR.	12 NAME	
STREET ADDRESS	11750 HOMESTEAD RD.	13 STREET ADDRESS	
CITY ST ZIP	LEHIGH ACRES FL 33936	14 CITY ST ZIP	
TITLE	EVPD	21 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, KENNY	22 NAME	
STREET ADDRESS	11750 HOMESTEAD RD.	23 STREET ADDRESS	
CITY ST ZIP	LEHIGH ACRES FL 33936	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	DANOLFO, LOUIS	32 NAME	
STREET ADDRESS	11750 HOMESTEAD RD.	33 STREET ADDRESS	
CITY ST ZIP	LEHIGH ACRES FL 33936	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	HAYES, FRANK	42 NAME	
STREET ADDRESS	11750 HOMESTEAD RD.	43 STREET ADDRESS	
CITY ST ZIP	LEHIGH ACRES FL 33936	44 CITY ST ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, KEVIN	52 NAME	
STREET ADDRESS	11750 HOMESTEAD RD.	53 STREET ADDRESS	
CITY ST ZIP	LEHIGH ACRES FL 33936	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	TROWLER, GARY	62 NAME	
STREET ADDRESS	11750 HOMESTEAD RD.	63 STREET ADDRESS	
CITY ST ZIP	LEHIGH ACRES FL 33936	64 CITY ST ZIP	

CR2E034 (3/95)

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary McDaniel Sr. 7/20/95 (941)369-8216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107207 CP