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**Jul 01 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P93000041343 (3)**

1. Corporation Name  
**CYPRESS HEAD PARTNERS, INC.**



Principal Place of Business  
**75 GOLF VILLA DR.  
PORT ORANGE FL 32124  
US**

Mailing Address  
**75 GOLF VILLA DR.  
PORT ORANGE FL 32124-7077  
US**

3. Date Incorporated or Qualified  
**06/11/1993**

3a. Date of Last Report  
**05/09/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number  
**59-3183650**

Applied For  
 Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

**SCHUMANN, JULIA ANN  
3000 N. OCEAN DR., 30B  
SINGER ISLAND FL 33404**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **BLONDELL, JOHN A**

STREET ADDRESS **244 EARECKSON LANE**

CITY-ST-ZIP **STEVENSVILLE MD 21866**

TITLE  DELETE

NAME **HOWARD, CHARLES E III**

STREET ADDRESS **3000 N. OCEAN DR. #30-A**

CITY-ST-ZIP **RIVIERA BEACH FL 33410**

TITLE  DELETE

NAME **SCHUMANN, JULIA ANN**

STREET ADDRESS **3000 N. OCEAN DR., 30B**

CITY-ST-ZIP **SINGER ISLAND FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME **3881 ROCKS STATION ROAD**

2.3 STREET ADDRESS **STREET, MD 21154**

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME **1010 N. SCHUMANN TOWN DR. #508**

3.3 STREET ADDRESS **PORT ORANGE, FL 32119**

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 \_\_\_\_\_ **6-27-97 (904) 260-5757**

CR2E034 (9/96)