

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1993

4. FEI Number

59-3183650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3000 N. Ocean Dr.

26 3000 N. Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #30B

27 #30B

City & State

City & State

23 Singer Island, FL

28 Singer Island, FL

Zip

Zip

Country

Country

24 33404

29 33404

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BLONDELL, JOHN A  
STREET ADDRESS 244 EARECKSON LANE  
CITY-ST-ZIP STEVENSVILLE MD 21666

☐ DELETE

TITLE D  
NAME HOWARD, CHARLES E III  
STREET ADDRESS 3881 ROCKS STATION RD  
CITY-ST-ZIP STREET MD

☐ DELETE

TITLE D  
NAME SCHUMANN, JULIA ANN  
STREET ADDRESS 1010 N. SWALLON TAIL DR. #508  
CITY-ST-ZIP PORT ORANGE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Schumann, Julia Ann  
3000 N. Ocean Dr. #30B  
Singer Island, FL 33404

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

SIGNATURE:

*Julia Ann Schumann*

JULIA ANN SCHUMANN 4/29/98 (561) 813-4594

CR2E034 (10/97)