

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000075298 (7)

1. Corporation Name:
CYPRESS POINTE MOBILE HOME PARK, INC.



Principal Place of Business: **120 SW 9TH AVENUE LAKE BUTLER FL 32054**
Mailing Address: **120 SW 9TH AVENUE LAKE BUTLER FL 32054**

2. Principal Place of Business:

2a. Mailing Address:

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State:

27. City & State:

23. Zip Country

28. Zip Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/11/1994

3a. Date of Last Report

03/13/1995

4. FEI Number

58-2142014

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

**GREEN, NINA P
120 SW 9TH AVENUE
LAKE BUTLER FL 32054**

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 607.0507 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 of Registered Agent (Not to be signed by the corporation)

Signature of Registered Agent (Not to be signed by the corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

**D
SAPP, AGNES P
120 SW 9TH AVENUE
LAKE BUTLER FL 32054**

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE Change Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE Change Addition

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. 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 119.07(3)(k), 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:

Agnes P. Sapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2896

770-439-6690

CR2E034 (12/95)