

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000067020 (4)
 1. Corporation Name
THE RESERVE AT CYPRESS POINT, INC.



Principal Place of Business 101 N.W. 72ND AVE. PLANTATION FL 33317	Mailing Address 101 N.W. 72ND AVE. PLANTATION FL 33317
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	P.O. BOX 17437	08/30/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0608890	Applied For
City & State		City & State		5. Certificate of Status Desired	
23		28	PLANTATION, FL	<input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24		29	33318	<input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30	USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No

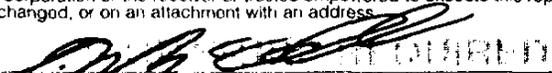
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MC ARDLE, GEORGE E 101 N.W. 72ND AVE PLANTATION FL 33317				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCARDLE, GEORGE E			1.2 NAME			
STREET ADDRESS	101 N.W. 72ND AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARR, JOHN			2.2 NAME			
STREET ADDRESS	101 N.W. 72ND AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33317			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	DIRECTOR / President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	E.M. SEBELL		
STREET ADDRESS				3.3 STREET ADDRESS	110 GRAND PALM DR.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	PAMBRIDGE PINES FL 33027		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	VICE PRES / SECY / TREAS.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	SANDY SEBELL		
STREET ADDRESS				4.3 STREET ADDRESS	110 GRAND PALMS DRIVE		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	PAMBRIDGE PINES FL 33027		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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:  **3/13/98** **(954) 584-9119**

CR2E034 (10/97)