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FILED  
May 02 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 # P95000091805 (8)

1. Corporation Name

CYPRESS COVE AT PELICAN BAY, INC.

Principal Place of Business

~~2901 W. SR 434~~  
~~#131~~  
LONGWOOD FL 32779

Mailing Address

~~2901 W. SR 434~~  
~~#131~~  
LONGWOOD FL 32779-4883

2. Principal Place of Business

21 1 Bay Gull Court  
Suite, Apt. #, etc.

22 City & State

23 Daytona Beach, Florida

24 32119 25 US

2a. Mailing Address

26 1 Bay Gull Court  
Suite, Apt. #, etc.

27 City & State

28 Daytona Beach, Florida

29 32119 30 US

9. Name and Address of Current Registered Agent

ANSBACHER, LEWIS  
4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified

12/04/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3351578

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DVS  
STREET ADDRESS SCHWARTZ, WINSTON  
CITY-ST-ZIP 2901 W. SR 434, #131  
LONGWOOD FL 32779

TITLE ☐ DELETE

NAME DPT  
STREET ADDRESS ADLEY, JAMIE  
CITY-ST-ZIP 2901 W. SR 434, #131  
LONGWOOD FL 32779

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 1 Bay Gull Court  
1.4 CITY-ST-ZIP Daytona Beach, Florida 32119

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1 Bay Gull Court  
2.4 CITY-ST-ZIP Daytona Beach, Florida 32119

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 on an attachment with an address.

SIGNATURE:

CR2E034 (9/96)