

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S86548** (2)

1. Corporation Name

CYPRESS HEAD GOLF CLUB, INC.



Principal Place of Business

**6231 PALM VISTA STR
PT ORANGE FL 32124
US**

Mailing Address

**PO BOX 951437
LAKE MARY FL 32795
US**

3. Date Incorporated or Qualified

10/10/1991

3a. Date of Last Report

01/23/1995

4. FEI Number

59-3086448

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 has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEIDAISH, PHILIP F., JR.
505 WEKIVA SPRINGS RD.
SUITE 800
LONGWOOD FL 32779**

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 re-elected.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	LENHART, JASON	
STREET ADDRESS	1351 MARKHAM WOOD RD	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCCLURG, TOM	
STREET ADDRESS	1351 MARKHAM WOOD RD	
CITY-STATE-ZIP	LONGWOOD FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ORENDER, M G	
STREET ADDRESS	496 MILE POST CT	
CITY-STATE-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lenhart, Jason	
1.3 STREET ADDRESS	PO Box 951437	
1.4 CITY-STATE-ZIP	Lake Mary, FL 32795	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	President & Sect.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mc Orender	
3.3 STREET ADDRESS	496 Mile Post Ct	
3.4 CITY-STATE-ZIP	Lake Mary, FL 32746	
4.1 TITLE	VP & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Andrew E. Dailidonis	
4.3 STREET ADDRESS	2818 Demarest Dr	
4.4 CITY-STATE-ZIP	Titusville Florida 32780	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

File

Daytime Phone #

CR2E034 (12/95)