

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90098 018 ****61.25

DOCUMENT # 747951

1. Entity Name

CYPRESS LAKES MASTER HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

3445 CYPRESS TRAIL
 WEST PALM BEACH FL 33417
 US

3445 CYPRESS TRAIL
 WEST PALM BEACH FL 33417-1033
 US

910583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4. FEI Number

59-2538729

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE. SOUTH, STE. 600
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	KATZ, DAVE	
STREET ADDRESS	3445 CYPRESS TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	P.	<input type="checkbox"/> Delete
NAME	CHARLES GALVAGNI GALVAGNI	
STREET ADDRESS	3445 CYPRESS TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SEYMOUR LEEF LEEF	
STREET ADDRESS	3445 CYPRESS TRAIL	
CITY-ST-ZIP	W. PALM BEACH FL 33417	
TITLE	V	<input type="checkbox"/> Delete
NAME	STARR, JOAN	
STREET ADDRESS	3445 CYPRESS TRAIL	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CELIA WEINER	
STREET ADDRESS	3445 CYPRESS TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

1/29/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #