

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 27, 2001 8:00 am
Secretary of State

02-02-2001 90247 044 ****61.25

DOCUMENT # 747951
 1. Entity Name
CYPRESS LAKES MASTER HOMEOWNERS ASSOCIATION, INC

Principal Place of Business 3445 CYPRESS TRAIL WEST PALM BEACH FL 33417 US	Mailing Address 3445 CYPRESS TRAIL WEST PALM BEACH FL 33417 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2538729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ST. JOHN, KING & DICKER 500 AUSTRALIAN AVE. SOUTH, STE. 600 WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* DATE: 1/29/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: Director NAME: KATZ, DAVE STREET ADDRESS: 3445 CYPRESS TRAIL CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: GALVAGNI, CHARLES STREET ADDRESS: 3445 CYPRESS TRAIL CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	TITLE: Thomas Weatherell NAME: Vice President STREET ADDRESS: 3445 Cypress Trail CITY-ST-ZIP: West Palm Beach FL 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SEYMOUR, LEEF STREET ADDRESS: 3445 CYPRESS TRAIL CITY-ST-ZIP: W. PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: President NAME: STARR, JOAN STREET ADDRESS: 3445 CYPRESS TRAIL CITY-ST-ZIP: W PALM BCH FL 33417	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: CELIA WEINER STREET ADDRESS: 3445 CYPRESS TRAIL CITY-ST-ZIP: WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E037 (10/00)