

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90002 031 \*\*\*\*61.25

**DOCUMENT # 747952**

1. Entity Name

**CYPRESS LAKES HOMEOWNERS ASSOCIATION II, INC.**

Principal Place of Business

Mailing Address

% MARTIN GOLDSTEIN  
 5140 NICHOLAS DRIVE  
 WEST PALM BEACH FL 33417-1014

% MARTIN GOLDSTEIN  
 5140 NICHOLAS DRIVE  
 WEST PALM BEACH FL 33417-1014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5201 NICHOLAS DRIVE  
 WEST PALM BEACH, FL

5201 NICHOLAS DRIVE  
 WEST PALM BEACH, FL

City & State  
 WEST PALM BEACH, FL

City & State  
 WEST PALM BEACH, FL

4. FEI Number

59-2285588

Applied For

Not Applicable

Zip  
 33417

Country  
 USA

Zip  
 33417

Country  
 USA

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

LEONE, MARY ANN  
 3531 JOESPH DR  
 W PALM BCH FL 33417

Name: ~~GOTTLIEB, LESLIE J~~

Street Address (P.O. Box Number is Not Acceptable)  
 5187 NICHOLAS DRIVE

City: WEST PALM BEACH FL Zip Code: 33417

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: *Leslie J. Gottlieb*  
 Signature, typed or printed name of registered agent and title if applicable

LESLIE J. GOTTLIEB

04/13/00  
 DATE

**FILE NOW:  
 FEE 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: PD  Delete  
 NAME: WEATHERALL, THOMAS  
 STREET ADDRESS: 5197 NICHOLAS DR  
 CITY-ST-ZIP: W. PALM BEACH FL 33417

TITLE: VPD  Change  Addition  
 NAME: WEATHERALL THOMAS  
 STREET ADDRESS: 5197 NICHOLAS DR  
 CITY-ST-ZIP: W. PALM BEACH, FL 33417

TITLE: T  Delete  
 NAME: GOLDSTEIN, MARTIN  
 STREET ADDRESS: 5140 NICHOLAS DRIVE  
 CITY-ST-ZIP: W. PALM BEACH FL

TITLE: T  Change  Addition  
 NAME: SOLT, GEORGE E  
 STREET ADDRESS: 5201 NICHOLAS DR  
 CITY-ST-ZIP: W. PALM BEACH, FL 33417

TITLE: VP  Delete  
 NAME: KORNHAUSER, FRED  
 STREET ADDRESS: 5174 MICHAEL DR  
 CITY-ST-ZIP: W. PALM BEACH FL 33417

TITLE: P  Change  Addition  
 NAME: KORNHAUSER, FRED  
 STREET ADDRESS: 5174 MICHAEL DR  
 CITY-ST-ZIP: W. PALM BEACH, FL 33417

TITLE: S  Delete  
 NAME: GOTTLIEB, LESLIE J  
 STREET ADDRESS: 3680 JOSEPH DR  
 CITY-ST-ZIP: W. PALM BEACH FL 33417

TITLE: S  Change  Addition  
 NAME: GOTTLIEB, LESLIE J  
 STREET ADDRESS: 5187 NICHOLAS DRIVE  
 CITY-ST-ZIP: W. PALM BEACH, FL 33417

TITLE: D  Delete  
 NAME: SUTTON, FRANK  
 STREET ADDRESS: 5213 MICHAEL DR.  
 CITY-ST-ZIP: W. PALM BEACH FL 33417

TITLE: D  Change  Addition  
 NAME: D-ADLER, SIDNEY  
 STREET ADDRESS: 5201 MICHAEL DRIVE  
 CITY-ST-ZIP: W. PALM BEACH, FL 33417

TITLE: D  Delete  
 NAME: BINDER, BETTY  
 STREET ADDRESS: 5180 MICHAEL DR  
 CITY-ST-ZIP: W. PALM BEACH FL

TITLE: D  Change  Addition  
 NAME: HONOROFF, DAN  
 STREET ADDRESS: 3620 JOSEPH DRIVE  
 CITY-ST-ZIP: W. PALM BEACH, FL 33417

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: *George E. Solt*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 00  
 Date

161-640-5889  
 Daytime Phone #

CR2E037 (9/99)