

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90010 037 \*\*\*\*61.25

**DOCUMENT # 747952**

1. Entity Name

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

Principal Place of Business

Mailing Address

**GEORGE SOLTI**  
**5201 NICHOLAS DRIVE**  
**WEST PALM BEACH FL 33417**  
**US**

**GEORGE SOLTI**  
**5201 NICHOLAS DRIVE**  
**WEST PALM BEACH FL 33417**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2285588**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GOTTLIEB, LESLIE J**  
**5187 NICHOLAS DRIVE**  
**W. PALM BCH FL 33417**

Name ~~WEATHERELL, GLENYS R~~  
 Street Address (P.O. Box Number is Not Acceptable) **5197 NICHOLAS DRIVE**  
**W. PALM BEACH**  
 City **W. 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 GLENYS R. WEATHERELL *Glenys R. Weatherell*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WEATHERALL, THOMAS</b>	
STREET ADDRESS	<b>5197 NICHOLAS DR</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SOLTI, GEORGE E</b>	
STREET ADDRESS	<b>5201 NICHOLAS DR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KORNHAUSER, FRED</b>	
STREET ADDRESS	<b>5174 MICHAEL DR</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOTTLIEB, LESLIE J</b>	
STREET ADDRESS	<b>5187 NICHOLAS DRIVE</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SUTTON, FRANK</b>	
STREET ADDRESS	<b>5213 MICHAEL DR.</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BINDER, BETTY</b>	
STREET ADDRESS	<b>5180 MICHAEL DR</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	

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 checked="" type="checkbox"/> Addition
NAME	<b>S</b>	
STREET ADDRESS	<b>WEATHERELL, GLENYS R</b>	
CITY-ST-ZIP	<b>5197 NICHOLAS DRIVE</b>	
	<b>W. PALM BEACH FL 33417</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHNBIDER, MARVIN</b>	
STREET ADDRESS	<b>5077 ALFRED DRIVE</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL 33417</b>	
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: GEORGE E SOLTI *George E Solti* 3/9/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/01)