

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90100 003 \*\*\*\*61.25

**DOCUMENT # 748015**

1. Entity Name

**CYPRESS GATE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O SUNBURST MGT CORP  
 P O BOX 110339  
 NAPLES FL 34108  
 US

C/O SUNBURST CORP  
 P O BOX 110339  
 NAPLES FL 34108  
 US

757098



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2021822

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

KUETER, BEVERLY  
 C/O SIUNBURST MGT CORP  
 2073 J & C BLVD  
 NAPLES FL 34109

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:  
 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 **DP**  Delete  
 NAME ~~SHEPARD, ROBERT~~  
 STREET ADDRESS **85 ST. ANDREWS BLVD, # 108**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **SHEPHERD, ROBERT**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT**  Delete  
 NAME **JAGEL, WILLIAM**  
 STREET ADDRESS **75 ST ANDRES BLVD #102**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **WINTERTON, VERN**  
 STREET ADDRESS **75 ST. ANDREWS BLVD., #100**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Delete  
 NAME **HARDOW, ELMER**  
 STREET ADDRESS **85 ST. ANDREWS BLVD. #205**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME ~~TUMBAR, DAVID~~  
 STREET ADDRESS **75 ST ANDREWS BLVD, #202**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **TUMBAS, DAVID**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **BOOD, WILLIAM**  
 STREET ADDRESS **95 ST. ANDREWS BLVD #109**  
 CITY-ST-ZIP **NAPLES FL**

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:** *Robert Shepherd* **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 941-591-2040

Date

Daytime Phone #

CR2E037 (10/00)