

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91194 023 ****61.25

DOCUMENT # 748015

1. Entity Name
CYPRESS GATE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O SUNBURST MGT CORP P O BOX 110339 NAPLES FL 34108 US	Mailing Address C/O SUNBURST CORP P O BOX 110339 NAPLES FL 34108 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2021822		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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 _____ DATE _____

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	DP	<input checked="" type="checkbox"/> Delete		TITLE	D, P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHEPHERD, ROBERT			NAME	Leverenz, Marilyn		
STREET ADDRESS	85 ST. ANDREWS BLVD, # 100			STREET ADDRESS	85 St. Andrews Blvd. #104		
CITY-ST-ZIP	NAPLES FL			CITY-ST-ZIP	NAPLES, FL		
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAGEL, WILLIAM			NAME			
STREET ADDRESS	75 ST ANDRES BLVD #102			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			CITY-ST-ZIP			
TITLE	VPB	<input type="checkbox"/> Delete		TITLE	D, P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINTERTON, VERN			NAME			
STREET ADDRESS	75 ST. ANDREWS BLVD., #100			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			CITY-ST-ZIP			
TITLE	DC	<input checked="" type="checkbox"/> Delete		TITLE	D, S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HARDOW, ELMER			NAME	Goff, Ralph		
STREET ADDRESS	85 ST. ANDREWS BLVD. #205			STREET ADDRESS	75 St. Andrews Blvd. #103		
CITY-ST-ZIP	NAPLES FL			CITY-ST-ZIP	NAPLES, FL		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUMBAS, DAVID			NAME			
STREET ADDRESS	75 ST ANDREWS BLVD, #202			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOND, WILLIAM			NAME			
STREET ADDRESS	95 ST ANDREWS BLVD #109			STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			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: William Jagel **WILLIAM JAGEL** Treasurer 4/10/02 941-591-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)