

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -1 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756521

1. Entity Name
**CYPRESS CREEK VILLAS OF CORAL SPRINGS III
CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business
7667 W SAMPLE RD
STE 289
CORAL SPRINGS, FL 33065 US

Mailing Address
7667 W SAMPLE RD
STE 289
CORAL SPRINGS, FL 33065 US



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
c/o ccm
Suite, Apt. #, etc.
10034 W MCNAB RD
City & State
TAMARAC, FL
Zip
33321 Country

3. Mailing Address
c/o ccm
Suite, Apt. #, etc.
10034 W MCNAB RD
City & State
TAMARAC, FL
Zip
33321 Country

4. FEI Number
59-2162451 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
MONDELLI, JOSEPH-C/O UNI
7891 W SAMPLE RD
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
Name
James Miles
Street Address (P.O. Box Number is Not Acceptable)
10034 W MCNAB RD
City
TAMARAC FL Zip Code
33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **4/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONDELLI, JOSEPH 7667 W SAMPLE RD, #289 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	JANS, Bob 10034 W MCNAB RD TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD VISILE, VISAN 7667 W SAMPLE RD, #289 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	JANS, NANCY 10034 W MCNAB RD TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERON, DAVID 7667 W SAMPLE RD #289 CORAL SPRINGS, FL 33065 <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	S GILLAJAN, LAURA 7667 W SAMPLE RD #289 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE STO NAME STREET ADDRESS CITY-ST-ZIP	GILLAGAN, LAURA 10034 W MCNAB RD TAMARAC, FL 33321 <input checked="" 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: DATE **4/28/03** 718-9903 (654)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

915/2