

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90088 044 ****61.25

DOCUMENT # 764429

1. Entity Name

CYPRESS LAKES HOMEOWNERS ASSOCIATION VI, INC.

Principal Place of Business

Mailing Address

3445 CYPRESS TRAIL
 WEST PALM BEACH FL 33417

C/O ESTHER M. MEOLA
 3402 THEO WAY
 WEST PALM BEACH FL 33417-1060
 US

A0010757



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

59-2617898

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

MEOLA, ESTHER M.
3402 THEO WAY
W P BEACH FL 33417

7. Name and Address of New Registered Agent

Name **MOSTON, BERNARD**
 Street Address (P.O. Box Number is Not Acceptable)
5362 GLENDA ST.
W. PALM BEACH, FL. 33417
 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VITONE, FRANCIS	
STREET ADDRESS	5476 GLENDA STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DELAPI, PAT	
STREET ADDRESS	3403 THEO WAY	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARESCA, PASQUALE	
STREET ADDRESS	5404 GLENDA STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MEOLA, ESTHER M.	
STREET ADDRESS	3402 THEO WAY	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARESCA, PASQUALE	
STREET ADDRESS	5404 GLENDA ST.	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33417	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAPI, PAT	
STREET ADDRESS	3403 THEO WAY	
CITY-ST-ZIP	W. PALM BEACH, FL. 33417	
TITLE	SD. MC DONALD, JANILE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5374 GLENDA ST.	
CITY-ST-ZIP	WEST PALM BCH, FL. 33417	
TITLE	TD. MOSTON, BERNARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5362 GLENDA ST.	
CITY-ST-ZIP	W. PALM BCH, FL. 33417	
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		

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:

Esther M. Meola
 ESTHER M. MEOLA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2000 (561) 683-209