

# 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