

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90110 020 \*\*\*\*61.25

**DOCUMENT # 764429**

1. Entity Name

**CYPRESS LAKES HOMEOWNERS ASSOCIATION VI, INC.**

Principal Place of Business

3445 CYPRESS TRAIL  
 WEST PALM BEACH FL 33417

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2617898**

Applied For

Not Applicable

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

**MEOLA, ESTHER M.**  
**5362 GLENDA STREET**  
**WEST PALM BEACH FL 33414**

Name **Pasquale Maresca**  
 Street Address (P.O. Box Number is Not Acceptable)

**5404 Glenda St.**

City **W. Palm Beach**

**FL**

Zip Code **33417**

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

*Pasquale Maresca*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/1/01**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PASQUALE, MARESCA</b> <b>5404 GLENDA STREET</b> <b>WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>DELAPI, PAT</b> <b>3403 THEO WAY</b> <b>W PALM BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>MCDONALD, JANICE</b> <b>5374 GLENDA ST.</b> <b>WEST PALM BEACH FL 33417</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MASTON, BERNARD</b> <b>5362 GLENDA ST.</b> <b>W PALM BCH FL 33417</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PASQUALE MARESCA TD</b> <b>5404 Glenda St.</b> <b>W. P. B. FL 33417</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Pasquale Maresca*

Signature and typed or printed name of signing officer or director

**4/17/01**

Date

Daytime Phone #

CR2E037 (10/00)