


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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90119 022 \*\*\*\*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  
**5404 GLENDA STREET  
WEST PALM BEACH FL 33417  
US**

**10035079**



CHECK HERE IF MAKING CHANGES

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

**PASQUALE, MARESCA  
5404 GLENDA STREET  
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	PASQUALE, MARESCA	5404 GLENDA STREET	WEST PALM BEACH FL 33417	<input type="checkbox"/>
VPD	DELAPI, PAT	3403 THEO WAY	W PALM BEACH FL	<input checked="" type="checkbox"/>
SD	MCDONALD, JANICE	5374 GLENDA ST.	WEST PALM BEACH FL 33417	<input type="checkbox"/>
TD	PASQUALE, MARESCA	5404 GLENDA ST	W PALM BCH FL 33417	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VPD	MARY CHIARA MONTE	5440 GLENDA ST.	W.P.B. FL. 33417	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	JANICE MCDONALD	5374 GLENDA ST.	W. P. Beach, FL. 33417	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Handwritten Signature]* 3/7/03 561-471-4925

CR2E037 (10/02)