

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-15-2001 90186 026 ****61.25

DOCUMENT # N00000004052

1. Entity Name

CYPRESS POINT II HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2820 U.S. HWY 1 SOUTH
 ST AUGUSTINE FL 32086

2820 U.S. HWY 1 SOUTH
 ST AUGUSTINE FL 32086

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

59-2989817

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

COSTEIRA, JAMES H
2820 U.S. HWY 1 SOUTH
ST AUGUSTINE FL 32086

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COSTEIRA, JAMES H	
STREET ADDRESS	2820 U.S. HWY 1 SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	
NAME	SCHROEDER, DIRK M	
STREET ADDRESS	2820 U.S. HWY 1 SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	RICHARD, THOMAS	
STREET ADDRESS	2820 U.S. HWY 1 SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	T	<input type="checkbox"/> Delete
NAME	COSTEIRA, ALICE	
STREET ADDRESS	2820 2951 SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE, FL, 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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:

SIGNATURE: James H. Costeira
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

James Costeira 3/13/01 904-797-600

Date

Daytime Phone #