

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90089 035 ****61.25

DOCUMENT # N00000004347

1. Entity Name

ESTATES AT SUMMER LAKES CYPRESS SPRINGS II HOME0

Principal Place of Business

120 FAIRWAY WOODS BLVD
 ORLANDO FL 32824

Mailing Address

120 FAIRWAY WOODS BLVD
 ORLANDO FL 32824

2. Principal Place of Business

444 W. New England Ave.
 Suite, Apt. #, etc. Ste B
 City & State Winter Park, FL
 Zip 32789 Country USA

3. Mailing Address

444 W. New England Ave.
 Suite, Apt. #, etc. Ste B.
 City & State Winter Park, FL
 Zip 32789 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3629945

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WEINSENFELD, JOSEPH J
 550 BILTMORE WAY, STE 1120
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Thomas D. Malcom
 Street Address (P.O. Box Number is Not Acceptable) 444 W. New England Ave.
 Suite B
 City Winter Park FL Zip Code 32789

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 *Thomas D. Malcom*

4-24-01

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	☐ Delete
NAME	O'HARA, CHARLES D	
STREET ADDRESS	120 FAIRWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	STD	☐ Delete
NAME	ERSKINE, CYNTHIA L	
STREET ADDRESS	120 FAIRWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VD	☐ Delete
NAME	HAWKS, CANDICE H	
STREET ADDRESS	120 FAIRWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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: *Thomas D. Malcom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/00)