

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

DOCUMENT # N00000005209  
1. Entity Name  
Grand Cypress Estates HOA Inc

FILED

02 MAY 28 AM 9:11  
REC'D

SECRETARY'S OFFICE  
TALLAHASSEE, FLORIDA

BY: \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 01-02**

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2. Principal Place of Business  
951 Broken Sound Pkwy  
Suite, Apt. #, etc. 250  
City & State Boca Raton, FL  
Zip 33487 Country U.S.A.

3. Mailing Address  
951 Broken Sound Pkwy  
Suite, Apt. #, etc. 250  
City & State Boca Raton, FL  
Zip 33487 Country U.S.A.

4. FEI Number 65-1036437 Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Community Assn Sec  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
951 Broken Sound Pkwy #250  
City Boca Raton FL Zip Code 33487

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]  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 5/17/02

FEE IS \$61.25  
Initial or Amended UBR

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
NAME	Bob Shelly
STREET ADDRESS	2825 University Dr #300
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	VPD
NAME	Eric Simon
STREET ADDRESS	2825 University Dr #300
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	STD
NAME	Cyndi Voller
STREET ADDRESS	2825 University Dr. #300
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	236-25-Adm
NAME	
STREET ADDRESS	
CITY-ST-ZIP	61-25-AR
TITLE	
NAME	6000005754365-6
STREET ADDRESS	06/11/02-01106-001
CITY-ST-ZIP	236-25-AR 236-25
TITLE	
NAME	6000005754365-6
STREET ADDRESS	06/11/02-01106-102
CITY-ST-ZIP	236-25-AR 236-25
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Sec. / Treas. - HOA