

FILED

Jun 02, 2002 8:00 am
Secretary of State

05-09-2002 90081 028 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006162

1. Entity Name

CYPRESS GARDENS OF FORT MYERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3225 AVIATION AVE., 7TH FL.
COCONUT GROVE FL 33109

3225 AVIATION AVE., 7TH FL.
COCONUT GROVE FL 33109

2. Principal Place of Business

3. Mailing Address

c/o Hinman Straub, P.C.

c/o Hinman Straub, P.C.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

121 State Street

121 State Street

City & State

City & State

Albany, NY

Albany, NY

Zip 12207

Country USA

Zip 12207

Country USA

4. FEI Num

Applied For

Not Applicable

65-1090832

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

KAMENESH, PETER Z -
3225 AVIATION AVE., 7TH FL.
COCONUT GROVE FL 33133

Name

Bolanos-Truxton, P.A.

Street Address (P.O. Box Number is Not Acceptable)

12800 University Drive

Suite 340

City

Ft. Myers

FL

Zip Code 33907

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.

Officer of
Bolanos Truxton, P.A.

SIGNATURE

Greg Straub

4/30/02

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	RILEY, PATRICK J	
STREET ADDRESS	3225 AVIATION AVE., 7TH FL.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDRICH, JOHN	
STREET ADDRESS	121 STATE ST.	
CITY-ST-ZIP	ALBANY NY 12207-1683	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, CHRISTINE C	
STREET ADDRESS	3225 AVIATION AVE., 7TH FL.	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	121 State Street	
CITY-ST-ZIP	Albany, NY 12207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	121 State Street	
CITY-ST-ZIP	Albany, NY 12207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

4/26/02

519-436-0751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)