

FILED
Apr 18, 2003 8:00 am
Secretary of State

1/3

01-31-2003 90301 001 ***183.75

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

DOCUMENT # N02000008603

1. Entity Name

CYPRESS POINTE AT CYPRESS SPRINGS HOMEOWNERS ASSOCIATION, INC.



55027170

Principal Place of Business
11315 CORPORATE BOULEVARD
SUITE 250
ORLANDO FL 32817
US

Mailing Address
11315 CORPORATE BOULEVARD
SUITE 250
ORLANDO FL 32817
US

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

65-0326491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARMICHAEL, WILLIAM T
11315 CORPORATE BOULEVARD
SUITE 250
ORLANDO FL 32817

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 reissuing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME CARMICHAEL, WILLIAM T
STREET ADDRESS 11315 CORPORATE BOULEVARD, SUITE 250
CITY-ST-ZIP ORLANDO FL 32817

☐ Delete

D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME HERNDON, JEANNINE
STREET ADDRESS 11315 CORPORATE BOULEVARD, SUITE 250
CITY-ST-ZIP ORLANDO FL 32817

☐ Delete

T

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME Andy Chambers
STREET ADDRESS 775 S. Kirkman Rd #A17
CITY-ST-ZIP Orlando, FL 32811

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

[Signature]

3/7/03

407-822-8893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/02)