2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17503

1. Entity Name

CYPRESS KEEP CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90101 037 ****61.25

Principal Place of Business	Mailing Address
9411 CYPRESS LAKE DR SUITE 2 FT MYERS FL 33919 US	9411 CYPRESS LAKE DR SUITE 2 FT MYERS FL 33919-4909 US

DO NOT WRITE IN THIS SPACE

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 59-2773863 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER AND POLIAKOFF, P.A.
W. W. SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DR., SUITE #2
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MORGAN, PATRICIA 13731 MARKHAM LANE P7 FT. MYERS FL 33919	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Shirley Heard 13731 Markham Lane P6 Fort Myers, Florida 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HESS, JOANNE 13721 MARKHAM LANE 04 FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Joanne Hess	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KEGLER, EARL 13670 ABBEY DRIVE F3 FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HASSENZAHL, SHARON 13741 DOWING LANE Q4 FT. MYERS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD Beverly Patton 13731 Markham Lane P4 Fort Myers, Florida 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAKESPEAR, MARY 13670 ABBEY DRIVE, F1 FT. MYERS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D C. Donald Kahrmann 13690 Raleigh Lane J1 Fort Myers, Florida 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STAHLHUT, 13704 RALEIGH LANE MI FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 4/4/00 941-481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #