

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90063 019 ****61.25

DOCUMENT # N17804

1. Entity Name

CYPRESS POINT OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6500 MARINER SANDS DRIVE
 STUART FL 34997-8723

6500 MARINER SANDS DRIVE
 STUART FL 34997-8723

90781



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2789787

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GERSTNER, LARRY C
MARINER SANDS
6500 MARINER SANDS DRIVE
STUART FL 34997

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: **PD** Delete
 NAME: **ANDREWS, ROBERT**
 STREET ADDRESS: **6500 MARINER SANDS DR**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: **D** Change Addition
 NAME: **RICHARD HINTZ**
 STREET ADDRESS: **6500 MARINER SANDS DR.**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: **PD** Delete
 NAME: **DWYER, WILLIAM**
 STREET ADDRESS: **6500 MARINER SANDS DR**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: **VPD** Change Addition
 NAME: **CALVIN SHANK**
 STREET ADDRESS: **6500 MARINER SANDS DR.**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: **SD** Delete
 NAME: **HUMPHREY, ELEANOR**
 STREET ADDRESS: **6500 MARINER SANDS DR.**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: **TD** Change Addition
 NAME: **TERENCE SHEA**
 STREET ADDRESS: **6500 MARINER SANDS DR.**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: **VD** Delete
 NAME: **MCCAIN, TED**
 STREET ADDRESS: **6500 MARINER SANDS DR.**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **DS** Delete
 NAME: **KINGSLEY, NANCY**
 STREET ADDRESS: **6500 MARINER SANDS DR**
 CITY-ST-ZIP: **STUART FL 34997**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 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: Robert Andrews 4/25/02 (772) 283-1114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)