

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90007 045 ****70.00

DOCUMENT # N19079

1. Entity Name

CYPRESS POINT PATIO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT, INC.
 20540 COUNTRY CLUB BLVD #101
 BOCAT RATON FL 33434
 US

LANG MANAGEMENT CO INC
 20540 COUNTRY CLUB BLVD. SUITE 101
 BOCA RATON FL 33434-4206
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2067843

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM K ISAACSON
5295 TOWN CENTER RD
SUITE 200
BOCA RATON FL 33486

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 Delete
 NAME **PTD SPRING, RICHARD**
 STREET ADDRESS **20572 LINKS CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **ST BALL, RENE**
 STREET ADDRESS **20583 LINKSVIEW CIR**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D STOLTZ, BEVERLY**
 STREET ADDRESS **20621 LINKSVIEW CIR**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD STOCKEL, MARVIN**
 STREET ADDRESS **20571 LINKS CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D RICH, GEORGE**
 STREET ADDRESS **20593 LINKSVIEW CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME **GEORGE RICH**
 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:

SIGNATURE REQUIRED

3-6-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)