

2001 UNIFORM BUSINESS REPORT (UBR)

4/9)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-09-2001 90048 016 ****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
 BOCA RATON FL 33434
 US

LANG MANAGEMENT CO INC
 20540 COUNTRY CLUB BLVD, SUITE 101
 BOCA RATON FL 33434
 US

2. Principal Place of Business

LANG MANAGEMENT CO, INC

3. Mailing Address

LANG MANAGEMENT CO, INC

Suite, Apt. #, etc.

21045 Commercial Trail

Suite, Apt. #, etc.

21045 Commercial Trail

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33486

Country

Palm Beach

Zip

33486

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2067843

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *LANG MANAGEMENT CO, INC*

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

21045 Commercial Trail

City

Boca Raton

FL

Zip Code

33486

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	PTD	<input type="checkbox"/> Delete
NAME	SPRING, RICHARD	
STREET ADDRESS	20572 LINKS CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BALL, RENE	
STREET ADDRESS	20583 LINKSVIEW CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOLTZ, BEVERLY	
STREET ADDRESS	20621 LINKSVIEW CIR	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STOCKEL, MARVIN	
STREET ADDRESS	20571 LINKS CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICH, GEORGE	
STREET ADDRESS	20593 LINKSVIEW CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01

Date

Daytime Phone #

567 487 9368

CR2E037 (10/00)