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

## **DOCUMENT # N31527**

1. Entity Name

CYPRESS WOODS LAKE MAINTENANCE ASSOCIATION, INC.



Mar 20, 2003 8:00 am Secretary of State 03-20-2003 90102 050 \*\*\*\*61.25

**FILED** 

Principal Place of Business

ASSOCIATED PROPERTY MANAGEMENT
400 S DIXIE HWY, SUITE 10

Mailing Address

ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY. SUITE 10 LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address



1000 I or o lower pd			Suite, Apt. #, etc.	ite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat		with FI	City & State	y & State Worth FL			4. FEI Number 65-0158671			
グカリ	101	Country	33461	Cou	ntry	5. Certificate of	Status Desired	\$8.75 Add		
	6. Name	and Address of Current F	<u> </u>	<del>9. 1 == 1</del>			7. Name and Address of New Registered Agent			
					Name OSCOO Down					
ASSOCIATED PROPERTY MANAGEMENT					Cheat Address (BO, Boy Number in NB, Acceptable) 1 1 0 1					
	TH DIXIE H			Street Address (P.O. Box Number is Nbt Acceptable)						
SUITE 10		1				, <del>1</del>				
	ORTH FL 33	1460		-	City	1 1 1		- Zip Cod	<u> </u>	
				,_ ,	City	ike Wort	ή h		4(0)	
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.										
<u> </u>										
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										
				d Contribution	on. L	Added to Fees	Florida Der	partment of S	State	
4 .		OCCIDERA AND DIS	L COTODO			ADDITIONS (CLIAN	INGES TO OFFICERS AND	DIDECTORS IN	10	
10.	TD.	OFFICERS AND DIR		11.	PO	PD	NGES TO OFFICERS AND		Addition	
TITLE # 5	TD.	/ THOMAS	Delete					Change	Addition	
NAME .		(, THOMAS		NAME	ET ADDRESS	tank young 3812 cypress	Lake Drive			
STREET ADDRESS CITY-ST-ZIP		AL CYPRESS LANE			ST-ZIP	1000 lench	h, FL 3346	.7		
	VPD	RTH FL 33467	<b>*</b>			77)		☐ Change	☐ Addition	
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STREET ADDRESS		RESS LAKE DRIVE			ET ADDRESS	3811 Cypiess	lake Drive			
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TITLE	SD	1111112 00101	☐ Delete	TITLE	TO	<b>1</b>		☐ Change	Addition	
NAME	REIMAN,	PHYLLIS	Delete	NAME	. r	brothy Tudis	oco .			
STREET ADDRESS	1	RESS LAKE DR		STRE	ET ADDRESS	3808 Cypress	Lake Dr.			
CITY-ST-ZIP		RTH FL 33467		CITY-	·ST-ZIP	Lare wor	th FL 2	3467		
TITLE	D	,	Delete	TITLE			<del></del>	☐ Change	☐ Addition	
NAME	DONAL DO									
STREET ADDRESS		SON, DERWENT		NAME						
		son, derwent Press lake drive	r		ET ADDRESS					
CITY-ST-ZIP	3900 CYP		r	STREI					·	
CITY-ST-ZIP TITLE	3900 CYP LAKE WO D	RESS LAKE DRIVE RTH FL 33467	r Delete	STREI	ET ADDRESS ST-ZIP		<del></del>	Change	☐ Addition	
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TITLE NAME STREET ADDRESS	3900 CYP LAKE WO D HAMMON 8634 VIST	RESS LAKE DRIVE RTH FL 33467 D, SCOTT FA GREENS COURT	r	STREI CITY- TITLE NAME STREI	ET ADDRESS - ST- ZIP - ET ADDRESS			☐ Change	Addition	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

EDMINDE PARQUEE

CR2E037 (10/02)