

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37046

1. Entity Name

CYPRESS POINT HOMEOWNER'S ASSOCIATION OF ORANGE

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90057 042 ****61.25

Principal Place of Business

Mailing Address

8867 LAKE SHEEN COURT
 ORLANDO FL 32836
 US

8867 LAKE SHEEN COURT
 ORLANDO FL 32836-5482
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2999300

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

KEHLER, PAT
505 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)
407 Wekiva Springs Road

Suite 205

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 *Pat Kehler, Agent*

3/15/00

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 **D** Delete
 NAME **GISSY, JIM**
 STREET ADDRESS **9259 POINT CYPRESS DR.**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **PD** Change Addition
 NAME **SCHWARTSBERG, THOMAS, J**
 STREET ADDRESS **9142 GREAT HERON CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **D** Delete
 NAME **SIMANOFF, ANN**
 STREET ADDRESS **9084 GREAT HERON CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **VB** Change Addition
 NAME **MCCONNELL, JOHN**
 STREET ADDRESS **9077 GREAT HERON CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **D** Delete
 NAME **KRASS, JIM**
 STREET ADDRESS **9128 POINT CYPRESS DR.**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **SD** Change Addition
 NAME **WEPPELMANN, LORRIS**
 STREET ADDRESS **9**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **VD** Delete
 NAME **WOLTMAN, JAN**
 STREET ADDRESS **8817 LAKE SHEEN CT**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **TD** Change Addition
 NAME **SHAW, WARREN**
 STREET ADDRESS **9128 POINT CYPRESS DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **PD** Delete
 NAME **CAPOZZA, JOSEPH**
 STREET ADDRESS **8825 LAKE SHEEN CT**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **D** Change Addition
 NAME **COCKERELL, PRISILLA**
 STREET ADDRESS **9163 GREAT HERON CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **TD** Delete
 NAME **DUNWOODY, JOHN**
 STREET ADDRESS **9134 GREAT HERON CIR**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **D** Change Addition
 NAME **RANDELL, ROBERT**
 STREET ADDRESS **9146 GREAT HERON CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 32836**

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: *Thomas J. Schwartsberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00 407-908-0552

CR2E037 (9/99)