

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

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90049 011 ****61.25

DOCUMENT # N37046



1. Entity Name
CYPRESS POINT HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.

Principal Place of Business
**8867 LAKE SHEEN COURT
ORLANDO FL 32836
US**

Mailing Address
**407 WEKLUA-SPRINGS RD
SUITE 205
LONGWOOD FL 32779
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2999300** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent -

**KEHLER, PAT
407 WEKIA SPRINGS ROAD
STE 205
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	MCGUIRE, DOUG	
STREET ADDRESS	9128 POINT CYRESS DR	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALL, BOB	
STREET ADDRESS	9163 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32-8369	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGERON, ALBERT	
STREET ADDRESS	9077 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEWLIN, BEN	
STREET ADDRESS	8749 WHITE IBIS CT	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEPP, BILL	
STREET ADDRESS	9147 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORRIS WEPPELMANN	
STREET ADDRESS	9164 POINT CYRESS DR	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COCKERELL, PRISCILLA	
STREET ADDRESS	9163 GREAT HERON CRL	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWLIN, BEN	
STREET ADDRESS	8749 WHITE IBIS CT.	
CITY-ST-ZIP	ORLANDO, FL 32836	
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: LORRIS WEPPELMANN **EXEMPTION REQUIRED**

2/20/2003 407-876-2781

CR2E037 (10/02)