

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90070 030 ****61.25

DOCUMENT # N38596

1. Entity Name

CYPRESS COVE OF JUPITER HOMEOWNERS ASSOCIATION,

Principal Place of Business

725 N A1A
 C-110
 JUPITER FL 33477
 US

Mailing Address

103 S US 1
 F5-135
 JUPITER FL 33477-5132
 US

00040371



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0228334

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINE, JAY STEVEN
 LEVINE, FRANK & EDGAR PA.
 3300 PGA BLVD, SUITE 500
 PALM BEACH GARDENS FL 33410

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	PD	<input type="checkbox"/> Delete
NAME	SCHWARTZ, ARTHUR	
STREET ADDRESS	6809 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LICHTMAN, DAVID	
STREET ADDRESS	19183 TAMARA LANE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MORAN, MIKE	
STREET ADDRESS	6906 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCNABOE, DINISE	
STREET ADDRESS	6846 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICH, JIM	
STREET ADDRESS	19177 TAMARA LANE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marilyn Rich	
STREET ADDRESS	19177 TAMARA LANE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Madry	
STREET ADDRESS	6755 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: X SIGNATURE REQUIRED

2-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)