

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N48636

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 22069  
LAKE BUENA VISTA, FL 328302069

**New Principal Place of Business:**

8651 TREASURE CAY LANE  
ORLANDO, FL 32836

**Current Mailing Address:**

8651 TREASURE CAY LANE  
ORLANDO, FL 32836 US

**New Mailing Address:**

P.O. BOX 540669  
MERRITT ISLAND, FL 329540669 US

FEI Number: 59-3141099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
ATTN: C JOHN CHRISTENSEN  
2500 MAITLAND CENTER PARKWAY, SUITE 209  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SCHWARTZ, STUART  
Address: 2 WENONAH AVENUE  
City-St-Zip: ROCKAWAY, NJ 07866

Title: D ( ) Delete  
Name: BALTHAZOR, JEANNE  
Address: 1781 PARK CENTER DR.  
City-St-Zip: ORLANDO, FL 32835

Title: CVPD ( ) Delete  
Name: THIMES, CHRIS  
Address: 58 JACKSON STREET  
City-St-Zip: LYONS, NY 14489

Title: PD ( ) Delete  
Name: CHASE, JOHN  
Address: 12 MARILYN DR  
City-St-Zip: ROCHESTER, NY 14626

Title: CVPD ( ) Delete  
Name: OWEN, RALPH  
Address: 3317 HWY 63  
City-St-Zip: BLOOMFIELD, IA 52537

Title: SD ( ) Delete  
Name: ALIPERTI, MICHAEL  
Address: 13 NORTH LANE  
City-St-Zip: LOUDONVILLE, NY 12211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILKS, DON  
Address: 8651 TREASURE CAY LANE  
City-St-Zip: ORLANDO, FL 32836

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CHASE

PD

04/30/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date