

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90154 024 ****61.25

DOCUMENT # N50757

1. Entity Name

CYPRESS CREEK HOMEOWNERS ASSOCIATION OF BREVARD,

Principal Place of Business

880 OYSTER SHELL LN
 VERO BEACH FL 32963

Mailing Address

PO BOX 3432
 SUITE 205
 VERO BEACH FL 32964

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 229

Suite, Apt. #, etc.

City & State

City & State

Grant FL

Zip

Country

Zip

32949

Country

4. FEI Number

65-0388677

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NELSON, DANIEL W.
 880 OYSTER SHELL LN
 VERO BEACH FL 32963

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	NELSON, DANIEL W.	
STREET ADDRESS	5070 NORTH A1A S-205	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VSDT	<input type="checkbox"/> Delete
NAME	RILEY, H. WADE III	
STREET ADDRESS	8040 MONETARY DR. S-D4	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RILEY, HOWARD W. JR.	
STREET ADDRESS	5070 NORTH A1A S-205	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLUBAUGH, CHARLES	
STREET ADDRESS	3610 PAINTED BUNTING PLACE	
CITY-ST-ZIP	GRANT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	880 Oyster Shell Lane	
STREET ADDRESS	VERO BEACH FL 32963	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8895 N. Military Trail, Suite 203B	
STREET ADDRESS	Palm Beach Gardens FL 33410	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisette Kolar D,V	
STREET ADDRESS	5180 Red Bay Lane	
CITY-ST-ZIP	Grant FL 32949	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Preyers D,S	
STREET ADDRESS	5662 Cypress Creek Dr.	
CITY-ST-ZIP	Grant FL 32949	
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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 561-725-1833
 Date Daytime Phone #

CR2F037 (9/99)