

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

FILED

02 AUG 03 05-06-2002 90175 OTS *** P161 P5 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50757
1. Entity Name
Cypress Creek HOA of Brevard Inc
Cypress Creek Homeowners Association of Brevard, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1617 Cooling Ave.
Suite, Apt. #, etc.

3. Mailing Address
1617 Cooling Ave.
Suite, Apt. #, etc.

City & State
Melbourne, FL
Zip
32935

City & State
Melbourne, FL
Zip
32935

4. FEI Number
59-3647082
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent
Name
Street Address
SPACE COAST PROPERTY MGMT
OF BREVARD, INC.
1617 COOLING AVE.
City
MELBOURNE FL 32935 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 Paul P. Agent V.P. Secm 4-20-02
Signature of person named in item 7, and who is applicable. (NOTE: Registered Agent signature is printed when applicable.) DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PD Campione, Ben 5160 RED BAY LANE GRANT, FL 32949</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPD Barber, Steve 3641 FICUS PLACE Grant, FL 32949</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD Barefield, Gary 5246-CYPRUS-CREEK-DR Grant FL 32949</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD Bartolone, Mark 5571 Cord Grass Lane Melbourne Beach, FL 32951</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Stafflinger, Kurt 1570 Jensen Terrace SE Palm Bay, FL 32909</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 person or persons empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or an attachment with an address, with all other like empowerments.

SIGNATURE: Ben Campione 4/20/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

BEN CAMPIONE

28 8/18/02