

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

FILED

02 DEC -5 AM 10:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *NS0757*
1. Entity Name
Cypress CREEK H.O.A. of Brevard, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1617 Cooling Ave
Suite, Apt. #, etc.
City & State
Melbourne FL
Zip
32935 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip 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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
DANIEL P. AGENT (SCPM)
Street Address (P.O. Box Number is Not Acceptable)
1617 Cooling Ave
City
MELBOURNE FL Zip Code
32935

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 *D.P. Agent* (NOTE: Registered Agent signature required when reinstating) DATE *11-4-02*

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	<i>P/D</i>
NAME	<i>Ben Campione</i>
STREET ADDRESS	<i>5160 Red BAY LANE</i>
CITY - ST - ZIP	<i>GRANT FL 32949</i>
TITLE	<i>VPD</i>
NAME	<i>Steve Barber</i>
STREET ADDRESS	<i>3641 FICUS PLACE</i>
CITY - ST - ZIP	<i>GRANT, FL 32949</i>
TITLE	<i>TD</i>
NAME	<i>GARY Barefield</i>
STREET ADDRESS	<i>5246 Cypress CREEK DR.</i>
CITY - ST - ZIP	<i>GRANT, FL 32949</i>
TITLE	<i>SD</i>
NAME	<i>MARK Bartalone</i>
STREET ADDRESS	<i>5571 CORD GRASS LANE</i>
CITY - ST - ZIP	<i>MELBOURNE BEACH, FL 32951</i>
TITLE	<i>D</i>
NAME	<i>Kurt Staflinger</i>
STREET ADDRESS	<i>1570 Jenson Terrace SE</i>
CITY - ST - ZIP	<i>Palm Bay, FL 32909</i>
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)(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 on an attachment with an address with all other like empowered.

SIGNATURE: *G. Barefield* *11/4/02* *D.P. Agent*