

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

005041

01-23-2001 90072 009 ****61.25

DOCUMENT # N93000001232
 1. Entity Name
CYPRESS ISLE ESTATES AT BREAKERS WEST HOMEOWNERS

Principal Place of Business 1688 BREAKERS WEST BLVD. WEST PALM BEACH FL 33411 US	Mailing Address 1688 BREAKERS WEST BLVD. WEST PALM BEACH FL 33411 US
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606792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1560 FLAGLER PARKWAY Suite, Apt. #, etc.	3. Mailing Address 1560 FLAGLER PARKWAY Suite, Apt. #, etc.
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City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL	4. FEI Number 65-0417235	Applied For <input type="checkbox"/> Not Applicable
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Zip 33411	Country US	Zip 33411	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BARBARA, DAVIS N
107 HERON PARKWAY
ROYAL PALM BCH., FL 33411

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHANDRA, ATESH 7432 HEATHLEY DR LAKE WORTH FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, BARBARA 107 HERON PARKWAY ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CATAPANO, JODI 6246 SE MONTICELLO TERRACE HOBE SOUND FL 33455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLS, CHRISTINE R 7124 VENETIAN WAY WEST PALM BCH FL 33406 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHANDRA, ATESH 1688 BREAKERS WEST BLVD. WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CATAPANO, JODI 1701 N. FLAGLER DR., #307 WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Davis* **SIGNATURE REQUIRED** 1/9/01 561-653-6301
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)