


FILED
Apr 21, 2003 8:00 am
Secretary of State

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

04-21-2003 90299 049 ****61.25

DOCUMENT # N93000003127

1. Entity Name
CYPRESS HOLLOW ASSOCIATION, INC.



Principal Place of Business Mailing Address
 951 BROKEN SOUND PKWY., SUITE 250 951 BROKEN SOUND PKWY., SUITE 250
 BOCA RATON, FL 33487 BOCA RATON, FL 33487

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COMMUNITY ASSOCIATION SERVICES, INC.
 951 BROKEN SOUND PWY
 SUITE 250
 BOCA RATON, FL 33487

4. FEI Number Applied For

65-0425384 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW - FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BUSH, LAUREN	
STREET ADDRESS	6513 NW 54TH STREET	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MIRSKY, KEN	
STREET ADDRESS	6501 NW 54TH COURT	
CITY-ST-ZIP	LAUDERHILL, FL	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, NORBERT	
STREET ADDRESS	5400 NW 54TH TERRACE	
CITY-ST-ZIP	LAUDERHILL, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAHERAS, GEORGE	
STREET ADDRESS	6109 NW 66TH AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HARTLEY, RICHARD	
STREET ADDRESS	6425 NW 51ST COURT	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Starr	
STREET ADDRESS	6429 NW 51 ST ST.	
CITY-ST-ZIP	LAUDERHILL, FL 33067	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Thaler	
STREET ADDRESS	5117 NW 65 TH AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33067	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth Renfrow	
STREET ADDRESS	5116 NW 66 TH AVE	
CITY-ST-ZIP	LAUDERHILL, FL 33067	
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: George Maheras Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20037 (10/02)