

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90198 014 ****61.25

DOCUMENT # N94000000436

1. Entity Name

THE CYPRESS PARK PROPERTY OWNERS ASSOCIATION, IN

Principal Place of Business

9862 COUTY ROAD
 170
 WESTCLIFFE CO 81252

Mailing Address

9862 COUTY ROAD
 170
 WESTCLIFFE CO 81252

1 0 0 0 0 0



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7001 LAKE

~~ELLENOR DRIVE~~
 ELLENOR DRIVE

FL

ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3224018

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOZARTH, STEPHEN J
 800 N MAGNOLIA AVENUE
 SUITE 1500
 ORLANDO FL 32803-2346

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	DP	<input type="checkbox"/> Delete
NAME	JACK, SUZANNE B	
STREET ADDRESS	9862 COUNTY ROAD 170	
CITY-ST-ZIP	WESTCLIFFE CO 81252	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	JACK, WILLIAM I	
STREET ADDRESS	9862 COUNTY ROAD 170	
CITY-ST-ZIP	WESTCLIFFE CO 81252	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WHITLEY, STEPHEN J	
STREET ADDRESS	8256 EXCHANGE DR STE 234	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	KUPP, KEN L	
STREET ADDRESS	390 N ORANGE AVE STE 1875	
CITY-ST-ZIP	ORLANDO FL 32801	
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK, SUZANNE B.	
STREET ADDRESS	(same address)	
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEW E. SULLIVAN	
STREET ADDRESS	7001 LAKE ELLENOR DR #100	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBELLA SMITH	
STREET ADDRESS	3424 PEACHTREE RD NE, #300	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICIA ARBUTHNOT, 90 CB Richard Ellis	
STREET ADDRESS	201 S. ORANGE AVENUE #1510	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	DELETE OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITLE / KEEP AS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTORS	<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 empowerments.

SIGNATURE: X

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

Date

Daytime Phone #

CR2E037 (10/00)