

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90361 016 ****61.25

DOCUMENT # N94000000436

1. Entity Name

THE CYPRESS PARK PROPERTY OWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

9862 COUTY ROAD
170
WESTCLIFFE CO 81252

7001 LAKE ELLENOR DRIVE
#100
ORLANDO FL 32809

2. Principal Place of Business

622 E. Washington St.

3. Mailing Address

622 E. Washington St.

Suite, Apt. #, etc.

Ste. 300

Suite, Apt. #, etc.

Ste 300

City & State

Orlando FL

City & State

Orlando FL

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
DEAN MEAD SERVICES, LLC
 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.

Dean, Mead, Egerton, Bloodworth, Capuano & Bozarth, P.A., Sole Member of

Dean Mead Services, LLC

SIGNATURE BY: *Stephen J. Bozarth* **Stephen J. Bozarth, Vice Pres.** **04/08/02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** Delete
 NAME **JACK, SUZANNE B**
 STREET ADDRESS **9862 COUNTY ROAD 170**
 CITY-ST-ZIP **WESTCLIFFE CO 81252**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **JACK, WILLIAM I**
 STREET ADDRESS **9862 COUNTY ROAD 170**
 CITY-ST-ZIP **WESTCLIFFE CO 81252**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WHITLEY, STEPHEN J**
 STREET ADDRESS **8256 EXCHANGE DR STE 234**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KUPP, KEN L**
 STREET ADDRESS **390 N ORANGE AVE STE 1875**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **SULLIVAN, MATTHEW E**
 STREET ADDRESS **7001 LAKE ELLENOR DR #100**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **SMITH, REBECCA**
 STREET ADDRESS **3424 PEACHTREE RD NE #300**
 CITY-ST-ZIP **ATLANTA GA 30326**

TITLE Change 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: *Rebecca Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)