

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91047 003 ****61.25

DOCUMENT # N94000000436

1. Entity Name
**THE CYPRESS PARK PROPERTY OWNERS ASSOCIATION, IN
C.**



Principal Place of Business
**622 E WASHINGTON STREET
SUITE 300
ORLANDO FL 32801**

Mailing Address
**622 E WASHINGTON STREET
SUITE 300
ORLANDO FL 32801**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3224018**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803-2346**

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 _____
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	JACK, SUZANNE B	
STREET ADDRESS	9862 COUNTY ROAD 170	
CITY-ST-ZIP	WESTCLIFFE CO 81252	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACK, WILLIAM I	
STREET ADDRESS	9862 COUNTY ROAD 170	
CITY-ST-ZIP	WESTCLIFFE CO 81252	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITLEY, STEPHEN J	
STREET ADDRESS	8256 EXCHANGE DR STE 234	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUPP, KEN L	
STREET ADDRESS	390 N ORANGE AVE STE 1875	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SULLIVAN, MATTHEW E	
STREET ADDRESS	7001 LAKE ELLENOR DR #100	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, REBECCA	
STREET ADDRESS	3424 PEACHTREE RD NE #300	
CITY-ST-ZIP	ATLANTA GA 30326	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *SK [Signature]* 3/13/03 407-843-1723

CR2E037 (10/02)