

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90038 010 \*\*\*\*61.25

**DOCUMENT # N96000002001**

1. Entity Name

**CYPRESS POINTE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~10491 SIX MILE CYPRESS PARKWAY STE 101  
 FORT MYERS FL 33912~~

~~10491 SIX MILE CYPRESS PARKWAY STE 101  
 FORT MYERS FL 33912-0406~~

2. Principal Place of Business

*10060 Amberwood Rd.*  
 Suite Apt. #, etc. *4*

3. Mailing Address

*10060 Amberwood Road*  
 Suite Apt. #, etc. *4*

City & State

*Fort Myers FL*

City & State

*Fort Myers FL*

Zip

Country

*33913 USA*

Zip

Country

*33913 USA*

6. Name and Address of Current Registered Agent

~~SWALM & MURRELL, P.A.  
 2375 TAMiami TRAIL NO STE 308  
 NAPLES FL 33940~~

Name

*Rob Geller*

Street Address (P.O. Box Number is Not Acceptable)

*c/o Gulf Coast Management Services  
 10060 Amberwood Road #4*

City

*Fort Myers*

State

*FL*

Zip Code

*33913*

7. Name and Address of New Registered Agent

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

*Robert E. Geller*

*Robert E. Geller*

*4-21-00*

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERSICILLI, ANTHONY</b>	
STREET ADDRESS	<b>10491 SIX MILE CYPRESS PARKWAY STE 101</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCMURRAY, DARIN</b>	
STREET ADDRESS	<b>10491 SIX MILE CYPRESS PARKWAY STE 101</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURNS, ALAN</b>	
STREET ADDRESS	<b>10491 SIX MILE CYPRESS PARKWAY STE 101</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Arnold Doery</b>	
STREET ADDRESS	<b>7698 Naples Heritage Drive</b>	
CITY-ST-ZIP	<b>Naples, FL 34112</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>George Tada</b>	
STREET ADDRESS	<b>7775 Naples Heritage Drive</b>	
CITY-ST-ZIP	<b>Naples, FL 34112</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Granville Thompson</b>	
STREET ADDRESS	<b>7722 Naples Heritage Drive</b>	
CITY-ST-ZIP	<b>Naples, FL 34112</b>	
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:

*Arnold Doery*  
**ARNOLD DOERY**

*4/21/00*  
 Date

*(941) 561-1600*  
 Telephone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR 5037 (1/99)