

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90004 043 ****61.25

DOCUMENT # N96000002001
 1. Entity Name
CYPRESS POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
10060 ARBERWOOD RD **10060 ARBERWOOD RD**
FORT MYERS FL 33913 **FORT MYERS FL 33913**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0674114 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~GELLES, BOB~~
10060 AMBERWOOD RD, #4
FORT MYERS FL 33913

7. Name and Address of New Registered Agent
 Name: *Ryan Hayden*
 Street: **Gulf Coast Management Services, Inc.**
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913
 City: Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office
 SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **5-21-01**

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	PD	<input type="checkbox"/> Delete
NAME	DOERY, ARNOLD	
STREET ADDRESS	7698 NAPLES HERITAGE DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TODA, GEORGE	
STREET ADDRESS	7775 NAPLES HERITAGE DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	STD	<input type="checkbox"/> Delete
NAME	THOMPSON, GRANVILLE	
STREET ADDRESS	7722 NAPLES HERITAGE DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
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		<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: *[Signature]* **Arnold Doery** **5/17/01** **941 732 6051**

CR2E037 (10/00)