

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90035 004 ****61.25

DOCUMENT # N96000005697

1. Entity Name

CYPRESS POINTE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
C/O DEVELOPMENT CONSULTANTS INC. 2901 SIMMS STREET HOLLYWOOD FL 33020 US		C/O DEVELOPMENT CONSULTANTS INC. 2901 SIMMS STREET HOLLYWOOD FL 33020-1510 US	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2031220		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HOLODAK, EDWARD F ESQ TUCKER & TIGHE, P.A. 800 E. BROWARD BLVD., SUITE 505 FT. LAUDERDALE FL 33301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATISTA, JOHN	NAME	
STREET ADDRESS	541 CYPRESS POINTE DR. E	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSADY, TOM	NAME	Sacchi, Luis
STREET ADDRESS	520 CYPRESS POINTE DR WEST	STREET ADDRESS	640 Cypress Pointe Dr. EAST
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAS, MONICA	NAME	
STREET ADDRESS	540 CYPRESS POINTE DR E	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBASTOS, DAVID	NAME	
STREET ADDRESS	601 CYPRESS POINTE DR E.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABRICIUS, VALENTINE	NAME	FABRICIUS, Valentine
STREET ADDRESS	620 CYPRESS POINTE DR W	STREET ADDRESS	620 Cypress Pointe Dr West
CITY-ST-ZIP	PEMBROKE PINES FL 33027	CITY-ST-ZIP	Pembroke Pines, FL 33027
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE: SIGNATURE OF JOHN BATISTA 1/19/00 (954) 922-3514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #