

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90110 008 ****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
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2035 Harding St

2035 Harding St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

Hollywood, FL

Hollywood, FL

33020

USA

33020

USA

4. FEI Number

59-2031220

Applied For

Not Applicable

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

**HOLIDAK, EDWARE 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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BATISTA, JOHN	
STREET ADDRESS	541 CYPRESS POINTE DR. E	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SACCHI, LUIS	
STREET ADDRESS	640 CYPRESS POINTE DR. E.	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASAS, MONICA	
STREET ADDRESS	540 CYPRESS POINTE DR E	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEBASTOS, DAVID	
STREET ADDRESS	601 CYPRESS POINTE DR E.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FABRICIUS, VALENTINE	
STREET ADDRESS	620 CYPRESS POINT DR. WEST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>D Fernandez, Jackie</i>	
STREET ADDRESS	<i>821 Cypress Pointe Dr. West</i>	
CITY-ST-ZIP	<i>Pembroke Pines, FL 33027</i>	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Batista, John</i>	
STREET ADDRESS	<i>820 Cypress Pointe Dr. East</i>	
CITY-ST-ZIP	<i>Pembroke Pines, FL 33027</i>	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Batista, Pres 2/12/01 (954) 922-3574

Date

Daytime Phone #

CR2E037 (10/00)