

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90047 037 ****70.00

DOCUMENT # N97000001925

1. Entity Name

CYPRESS POINT AT THE RESERVE ASSOCIATION, INC.

Principal Place of Business

9700 RESERVE BLVD
 PORT ST LUCIE FL 34986
 US

Mailing Address

9700 RESERVE BLVD
 PORT ST LUCIE FL 34986-3264
 US

A0031014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5295 Town Center Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #200

City & State

City & State

Boca Raton, FL

4. FEI Number

65-0803499

Applied For

Not Applicable

Zip

Country

Zip

Country

33486

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

CSAPO, JOHN C
 9700 RESERVE BLVD
 PORT ST LUCIE FL 34986

Name *William K. Isaacson*

Street Address (P.O. Box Number is Not Acceptable)
5295 Town Center Rd #200

City *Boca Raton* FL Zip Code *33486*

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

02-17-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS CSAPO, JOHN C 9700 RESERVE BLVD PORT ST LUCIE FL 34986 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TOMPSON, JOHN R 9700 RESERVE BLVD FORT PIERCE FL 34986 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JARA, STEVE 9700 RESERVE BLVD PT. ST. LUCIE FL 34986 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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:

WILLIAM K. ISAACSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

Daytime Phone #

CF 1017 (9/99)