

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90088 045 ****70.00

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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
5295 TOWN CENTER RD
STE 200
BOCA RATON FL 34986
US

00036206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
21045 Commercial Tr.
Suite, Apt. #, etc.

City & State
Boca Raton, FL
4. FEI Number
65-0803499
Applied For
Not Applicable

Zip
Country
33486 USA
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ISAACSON, WILLIAM K
5295 TOWN CENTER RD #200
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
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

Table with 3 columns: TITLE, NAME, ADDRESS. Rows include CSAPO, JOHN C; TOMPSON, JOHN R; JARA, STEVE.

Table with 3 columns: TITLE, NAME, ADDRESS. Rows include D, P; D, V, T; D, V, S; VAPI Robert Parth Trace.

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

CR2E037 (10/00)