

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90160 002 \*\*\*\*61.25

**DOCUMENT # N97000002878**

1. Entity Name

**THE PRESERVE AT CYPRESS LAKES HOMEOWNERS' ASSOCI**

Principal Place of Business

Mailing Address

325 SOUTH BLVD  
TAMPA FL 33606  
US

PO BOX 2071  
TAMPA FL 33601  
US

2. Principal Place of Business

3. Mailing Address

Florida Central Management  
Suite, Apt. #, etc.

Florida Central Management  
Suite, Apt. #, etc.

2430 Estancia Blvd Ste 114  
City & State

2430 Estancia Blvd Ste 114  
City & State

Clearwater, FL  
Zip 33761 Country US

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Zip 33761 Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3492526

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

HANSON, JACK  
325 SOUTH BLVD  
TAMPA FL 33606

Name Florida Central Management  
Street Address (P.O. Box Number is Not Acceptable)  
2430 Estancia Blvd Ste 114  
City Clearwater FL Zip Code 33761

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)

4/9/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BERGER, ANDREW J	
STREET ADDRESS	107 DUNBAR AVE., STE. I	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PELLETZ, DAVID	
STREET ADDRESS	107 DUNBAR AVE., STE. I	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	HIDALGO, GAIL	
STREET ADDRESS	107 DUNBAR AVE., STE. I	
CITY-ST-ZIP	OLDSMAR FL 34677	
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		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teri Laque	
STREET ADDRESS	604 Lake Cypress Circle	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janne Knight	
STREET ADDRESS	612 Lake Cypress Cir	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale Wright	
STREET ADDRESS	591 Lake Cypress Circle	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawana Dink	
STREET ADDRESS	603 Lake Cypress Circle	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom DiGirolamo	
STREET ADDRESS	425 Cypress View Drive	
CITY-ST-ZIP	Oldsmar, FL 34677	
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

Date

Daytime Phone #

CR2E037 (10/00)