## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **N97000003957** 1. Entity Name 04-19-2000 90034 049 \*\*\*\*61.25 CYPRESS LAKES ESTATES III HOMEOWNERS ASSOCIATION Principal Place of Business Mailing Address 2189 CLEVELAND ST 2189 CLEVELAND ST 639052 STE 225 STF 225 CLEARWATER FL 33765-3234 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address 2757 Meadowview Court 2757 Meadowview Cons Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3457806 laspon springs Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name mber is Not Acceptable) LEIGHTON, LENNARD A. 2189 CLEVELAND ST **STE 225 CLEARWATER FL 33765** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the state of Florida SIGNATURE Signature, typed or printed **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. President Comments Change Addition ☐ Delete TITLE TITLE BADILLO, LINDA Badillo, Unida. NAME NAME STREET ADDRESS STREET ADDRESS 2791 Meadow view Coust 7426 TURTLEBROOK LANE Taspan Springe, Florida 34689 CITY-ST-7IP CITY-ST-ZIP **NEW PORT RICHEY FL 33767** Addition TITLE Delete TITLE ☐ Change RUTENBERG, MARC NAME NAME 33920 US-19N - SUITE 390 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34619 Change TITLE ☐ Delete TITLE Tregsures Clark, Robert 2757 Meadowview Court NAME CLARK, ROBERT NAME STREET ADDRESS STREET ADDRESS 4688 BRAYTON TERRACE S. Tarpon springs, Florida CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34660 Change Secretary Director Change TITLE ☐ Delete Gallin, Larry 2777 Meadownian Court NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Springs, Flooda Vice President / Director Addition TITLE ☐ Delete TITLE NAME Hartzog NAME Louise 364 Shetfield Circle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Palm Harton Florida □ Delete ☐ Change Addition TITLE

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.

CITY-ST-7IP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNARIONTELOURELAL

Robert Lee Clark

04/11/00

(727)797-7525