

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90020 009 ****61.25

DOCUMENT # N97000003957

1. Entity Name

CYPRESS LAKES ESTATES III HOMEOWNERS ASSOCIATION

Principal Place of Business

**2757 MEADOWVIEW CT
 TARPON SPRINGS FL 34689
 US**

Mailing Address

**2757 MEADOWVIEW CT
 TARPON SPRINGS FL 34689
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3457806

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

**CALRK, ROBERT L
 2757 MEADOWVIEW CT
 TARPON SPRINGS FL 34689**

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** ☐ Delete
 NAME **BADILLO, LINDA**
 STREET ADDRESS **2791 MEADOWVIEW CT**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **CLARK, ROBERT**
 STREET ADDRESS **2757 MEADOWVIEW CT**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **GALLIN, LARRY**
 STREET ADDRESS **2777 MEADOWVIEW CT**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Change ☒ Addition
 NAME **Secretary / Director**
 STREET ADDRESS **Andrade, Sandy**
 CITY-ST-ZIP **2806 Meadowview Ct.
 Tarpon Springs, Fla 34689**

TITLE **VPD** ☐ Delete
 NAME **HARTZOG, LOUISE**
 STREET ADDRESS **364 SHEFFIELD CIRCLE**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☒ Addition
 NAME **New address for Hartzog**
 STREET ADDRESS **Hartzog, Louise**
 CITY-ST-ZIP **2834 Meadowview Ct.
 Tarpon Springs, Fla 34689**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Robert Clark
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/01 (727) 939-9567
 Date Daytime Phone #

CR2E037 (10/00)