2002 UNIFORM BUSINESS REPORT (UBR) FILED Mar 11, 2002 8:00 am DOCUMENT # **N97000003957** Secretary of State 1. Entity Name CYPRESS LAKES ESTATES III HOMEOWNERS ASSOCIATION 03-11-2002 90001 029 ****61.25 , INC. Principal Place of Business Mailing Address 2757 MEADOWVIEW CT 2757 MEADOWVIEW CT TARPON SPRINGS FL/34689 TARPON SPRINGS FL 34689 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etg Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3457806 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CALRK, ROBERT L 2757 MEADOWVIEW CT New zip cade TARPON SPRINGS FI 34689 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 nan S 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition 9/01 Change TITLE TITLE Delete DeBellis, Jonathan BADILLO, LINDA NAME NAME 2776 Meadownew Court 2791 MEADOWVIEW CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tarpon Springs, Fl 34688 CITY-ST-ZIP TARPON SPRINGS FL 34689 STD ☐ Delete TITLE TITLE CLARK, ROBERT NAME NAME 2757 MEADOWVIEW CT STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL-34689 CITY-ST-ZIP CITY-ST-ZIP-Addition SD ☐ Delete TITLE TITLE ANDRADE, SANDY NAME NAME STREET ADDRESS 2806 MEADOWVIEW COURT STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP **VPD Addition** Change TITLE TITLE Delete HARTZOG, LOUISE NAME NAME 2834 Meadowian Court 2834 MEADOWVIEW COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 Tarpon springs, Fl 34688 Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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

of the corporation of 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: Nobel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/02

727-939-9567