

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 24, 2000 8:00 am
Secretary of State

04-26-2000 90162 008 ****61.25

DOCUMENT # N98000001908

1. Entity Name

CYPRESS POINTE I AT CARLTON LAKES, INC.

Principal Place of Business

Mailing Address

2405 PIPER BOULEVARD
 NAPLES FL 34110
 US

2405 PIPER BOULEVARD
 NAPLES FL 34110-1387
 US

2. Principal Place of Business

5500 Carlton Lakes Blvd

3. Mailing Address

37 MENTOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-3505312

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

34110

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWALM & MURRELL, P.A.
 2375 TAMAMI TRAIL NORTH
 SUITE 308
 NAPLES FL 33940

7. Name and Address of New Registered Agent

Name: ~~GAMI~~
 Street Address (P.O. Box Number is Not Acceptable): 1314 SWANSON DRIVE
 City & State: Bonita Springs FL Zip Code: 34135

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

Marion E. Gallant

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLAUSSEN, CHRISTOPHER G	
STREET ADDRESS	2405 PIPER BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLAUSSEN, ROBERT G	
STREET ADDRESS	2405 PIPER BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STERLING, JACK	
STREET ADDRESS	2405 PIPER BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34110	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Krumm	
STREET ADDRESS	5385 Andover DR. #202	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Griaguinto	
STREET ADDRESS	5385 Andover Dr. #101	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russ Peterson	
STREET ADDRESS	5380 Andover Dr. #101	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Walsh	
STREET ADDRESS	5395 Andover Dr. #101	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(l), 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

4/3/00 941-594-0044
 Date Daytime Phone #

CR2E037 (9/99)