

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90404 009 \*\*\*\*61.25

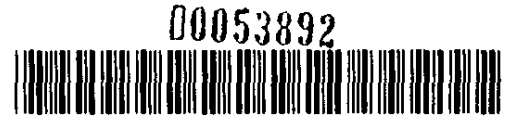
0072623

**DOCUMENT # N98000003179**  
 1. Entity Name  
**CYPRESS POINTE II AT CARLTON LAKES, INC.**

Principal Place of Business <b>2405 PIPER BLVD. NAPLES FL 34110 US</b>	Mailing Address <b>2405 PIPER BLVD. NAPLES FL 34110 US</b>
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2. Principal Place of Business	3. Mailing Address <b>37 MENTOR DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NAPLES, FL</b>	4. FEI Number <b>65-0902434</b>	Applied For Not Applicable
Zip <b>34110</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GALLANT, MARION  
 11314 SUNRAY DR  
 BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent  
 Name **SUSAN L. THOMPSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**37 MENTOR DR.**  
 City **NAPLES** FL Zip Code **34110**

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 *Susan L. Thompson* **SUSAN L. THOMPSON** **3/29/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPERANZA, VINCENT M</b> <b>5370 ANDOVER #201</b> <b>NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLAMA, RICHARD</b> <b>5370 ANDOVER #201</b> <b>NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURPHY, WILLIAM</b> <b>5345 ANDOVER #201</b> <b>NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUDLEY, DEBRA</b> <b>4224 ANDOVER #202</b> <b>NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, JOHN F</b> <b>5345 ANDOVER #201</b> <b>NAPLES FL 34110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5335 ANDOVER #202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Vincent M Speranza* **VINCENT SPERANZA** **3/29/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)