## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N98000006812 May 30, 2000 8:00 am Secretary of State CYPRESS SPRINGS II HOMEOWNERS ASSOCIATION, INC. 05-30-2000 90055 044 \*\*\*\*61.25 Principal Place of Business Mailing Address 120 FAIRWAY WOODS BOULEVARD 120 FAIRWAY WOODS BOULEVARD ORLANDO FL 32824-9028 ORLANDO FL 32824 2. Principal Place of Business W. New England Ave Applied For <del>-APPLIED FOR</del> Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Malcom D. Box Number is Not Acceptable) - New En 1/an WEISENFELD, JOSEPH J 550 BILTOMORE WAY, SUITE 1120 **CORAL GABLES FL 33134** 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME O'HARA, CHARLES D NAME STREET ADDRESS STREET ADDRESS 120 FAIRWAY WOODS BOULEVARD CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32824 **VPD** Delete ☐ Change Addition TITLE NAME BRINGMAN, COLLEEN NAME STREET ADDRESS STREET ADDRESS 120 FAIRWAY WOODS BOULEVARD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete TITLE ☐ Change ☐ Addition STD TITLE ERSKINE, CINDY L NAME STREET ADDRESS STREET ADDRESS 120 FAIRWAY WOODS BOULEVARD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 TITLE ☐ Change ☐ Addition ☐ Delete 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-ZIP ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST-ZIP 12. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE: