

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90149 022 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000001459

1. Entity Name
CYPRESS PRESERVE OF LEE COUNTY HOMEOWNERS ASSOCI

Principal Place of Business Mailing Address
10200 PINE LAKES BLVD. NORTH FORT MYERS FL 33903
10200 PINE LAKES BLVD. NORTH FORT MYERS FL 33903-9082

2. Principal Place of Business 3. Mailing Address
5430 Bayshore Road North Fort Myers, FL
5430 Bayshore Road North Fort Myers, FL

Zip Country Zip Country
33917 USA 33917 USA

4. FEI Number Applied For
59-3568442 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BROWN, ROBERT D
10200 PINE LAKES BLVD.
NORTH FORT MYERS FL 33903

7. Name and Address of New Registered Agent
 Name **Robert D. Brown**
 Street Address (P.O. Box Number is Not Acceptable)
5430 Bayshore Road
 City **North Fort Myers** FL Zip Code **33917**

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 Robert D. Brown 1-14-2000
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, ROBERT D 10200 PINE LAKES BLVD. NORTH FORT MYERS FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BROWN, G. SCOTT 23232 PERALTA DRIVE SUITE 109 LAGUNA HILLS CA 92653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, STEPHEN A 23232 PERALTA DRIVE SUITE 109 LAGUNA HILLS CA 92653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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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: Robert D. Brown Robert D. Brown 1-14-2000 941-731-5555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)