

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90134 039 \*\*\*461.25

0093579

DOCUMENT # **N99000001459**

1. Entity Name  
**CYPRESS PRESERVE OF LEE COUNTY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5430 BAYSHORE RD -  
FORT MYERS FL 33917**

Mailing Address  
**PO BOX 1549  
LAND O LAKES FL 34630**

2. Principal Place of Business  
**6213 Presidential Ct**

3. Mailing Address  
**6213 Presidential Ct**

Suite, Apt. #, etc.  
**Suite A**

Suite, Apt. #, etc.  
**Suite A**

City & State  
**FT MYERS, FL**

City & State  
**FT MYERS, FL**

Zip  
**33919**

Country  
**LEE**

Zip  
**33919**

Country  
**LEE**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3568442**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, ROBERT D  
5430 BAYSHORE ROAD  
FORT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name  
**Carol J Henke**

Street Address  
**610 Henke Property Management  
6213-A Presidential Court**

City  
**Fort Myers FL 33919**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Carol J Henke** DATE **7-14-03**

Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP STEINBERG, BUDDY 8969 CYPRESS PRESERVE PL. FORT MYERS FL 33912</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP BANKU, BILL 8961 CYPRESS PRESERVE PL. FORT MYERS FL 33912</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FEATHER, RICK 8832 CYPRESS PRESERVE PL. FORT MYERS FL 33912</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS RAJOCK, LINDA 8897 CYPRESS PRESERVE PL. FORT MYERS FL 33912</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT SPIEGEL, ELENA 8928 CYPRESS PRESERVE PL. FORT MYERS FL 33912</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BRUSS, THADEUS 8884 Cypress Preserve Place FT MYERS FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP LANSBERRY, RICHARD 8936 Cypress Preserve Place FT MYERS FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP ADDLER, GERARD 8937 Cypress Preserve Place FT MYERS FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS KNAPP, CHERLY 8801 Cypress Preserve Place FT MYERS FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT COLOMBO, CAROL 8816 Cypress Preserve Place FT MYERS, FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" 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: **SIGNATURE REQUIRED** DATE: **7/15/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)