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

## DOCUMENT # N99000004316

1. Entity Name

CYPRESS LAKES MANOR CONDOMINIUM ASSOCIATION, INC



**FILED** Feb 27, 2003 8:00 am § Secretary of State
02-27-2003 90161 010 \*\*\*\*61.25

E. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  Name  ADAMS, JOSEPH E ESO.  LAW OFFICES OF BECKER AND POLIAKOFF 13515 BELL TOWER DRIVE., SUITE 101  FORT MYERS F. 33907  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  FL  Zip	8750 LUECK LANE 8750 FORT MYERS FL 33919 FORT			Malling Address 150 Lueck Lane DRT Myers FL 33919					18 JOHN 1811: 1811: 1811: 1811: 1		(0)0 <b>2</b> 311 1 <b>23</b> 1
City & State  Country  S. Certificate of Status Desired  Status Desired  See Required  File Reported  File Reported  File Reported  File Reported  Stroot Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Stroot Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  FL  Zip C	2. Principal F	Place of Business	3. Ma	iling Address					##   ###  <b>  ##</b> #  <b>  ##</b> ### <b>##</b> ##########	<b>e</b> all <b>glace</b> head a	
Zip Country	Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
S. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purcess of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the chilgations of registered agent.  8. The above named entity submits this statement for the purcess of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the chilgations of registered agent.  8. If the above named entity submits this statement for the purcess of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the chilgations of registered agent.  8. If the above named entity submits this statement for the purcess of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the chilgations of registered agent.  8. If the above named entity submits this statement for the purcess of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the chilgations of registered agent.  8. If the above named entity submits this statement for the purcess of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the chilgations of registered agent.  8. If the above named entity submits this statement for the purcess of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the chilgations of registered agent.  8. If the chilgations is the statement for the purcess of changing financing agent a	City & State			City & State				4. FEI Number 65-0941612 Applied For Not Applicable			· · · · · · · · · · · · · · · · · · ·
ADAMS, JOSEPH E ESO.  LAW OFFICES OF BECKER AND POLIAKOFF 13515 BELL TOWER DRIVE., SUITE 101  FORT MYERS FL 33907  City  FL Zip Code  F	Zip	Country	Zi	p	Cou	untry		5. Certificate of Sta	atus Desired	<b>\$8.75</b> Ad	ditional
ADAMS, JOSEPH E ESO.  LAW OFFICES OF BECKER AND POLIAKOFF 13515 BELL TOWER DRIVE., SUITE 101  FORT MYERS R. 33907  6. 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 act the obligations of registered agent.  **SIGNATURE**  **FILE NOW: FEE IS \$61.25  **OFFICERS AND DIRECTORS*  **THE NOW: FEE IS \$81.25  **DEBUGGA, ANTONY*  **ITHE NAME DELUCIA, ANTONY*  **THE ADDRESS OF SOUTH MYERS FL 33919  **THE ADDRESS OF THE MYERS FL 33919  **THE ADDR		6. Name and Address of Curren	t Register	ed Agent				7. Name and Addr	ess of New Registered	Agent	
LAW OFFICES OF BECKER AND POLIAKOFF 135 IS BELL TOWER DRIVE., SUITE 101 FORT MYERS FL 33907  City FL Zip Code  Forting Department of State  Forting Department of State  Forting Department of State  City FL Zip Code  Forting Department of State  Forting Department of State  City FL Zip Code  Forting Department of State  Forting Department of State  City FL Zip Code  Forting Department of State  Forti	151110	166551 - 566				Name					
13515 BELL TOWER DRIVE., SUTTE 101 FORT MYERS PL 33907  City  FL  Zip Code  Florida. I am familiar with, and act city  City  Added to Fees of Florida. I am familiar with, and act city  Added to Florida. I am familiar with, and act city  City  FL  Zip Code  Florida Department of State  Florida Department of State  City  FL  Zip Code  Florida Department of State  Florida Department of State  City  FL  Zip Code  Florida Department of State  Florida Department of State  City  FL  Added to Fees  Added to Fees  Make Check Payable to Florida Department of State  The Make  Singer Address  City St. Zip  City St.					Street Address (P.O. Box Number is Not Accep				ot Acceptable)		
City			JFF								
B. 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 act the obligations of registered agent.  SIGNATURE  Signature, took or printed name of impotened agent and the it applicable.  PILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  DELUCIA, ANTONY  STREET ADDRESS OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  DELUCIA, ANTONY  STREET ADDRESS						City				L Zin Con	<u> </u>
SIGNATURE SIGNAT		<u> </u>		. <u>-</u> .						<b>-</b>   '	
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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: X

2/24/03