

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17208

1. Entity Name

CYPRESS SPRINGS OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1208
WINTER PARK FL 32790-1208
US

P.O. BOX 1208
WINTER PARK FL 32790-1208
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2762596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTWOOD PHILLIPS, INC
1350 ORANGE AVENUE, SUITE 100
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS CONWAY, MICHAEL
CITY-ST-ZIP 1870 BRANCHWATER TRAIL
ORLANDO FL

TITLE ☐ Delete
NAME PD
STREET ADDRESS HAUGHTON, DAN
CITY-ST-ZIP 1648 CYPRESS RDIGE DR
ORLANDO FL

TITLE ☒ Delete
NAME SD
STREET ADDRESS PHILLIPS, JANE
CITY-ST-ZIP 10200 FORGET ME NOT COURT
ORLANDO FL

TITLE ☐ Delete
NAME TD
STREET ADDRESS KIEBZAK, KEITH
CITY-ST-ZIP 1837 BLUE FOX COURT
ORLANDO FL

TITLE ☐ Delete
NAME VD
STREET ADDRESS SANTIAGO, ANGIE
CITY-ST-ZIP 1954 BRANCHWATER TRAIL
ORLANDO FL

TITLE ☐ Delete
NAME D
STREET ADDRESS HEMPSTEAD, DEBRA
CITY-ST-ZIP 1724 BUCKHORN PLACE
ORLANDO FL

TITLE ☐ Change ☒ Addition
NAME DS
STREET ADDRESS Lorraine SCOTT
CITY-ST-ZIP 10699 Satinwood Circle
Orlando, FL 32825

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Geoffrey Longster
CITY-ST-ZIP 1823 Hollow Reed CT
Orlando, FL 32825

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Lester Kisting
CITY-ST-ZIP 10778 Spring Brook Lane
Orlando, FL 32825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 03, 2000 (407) 275-5024

Date

Daytime Phone #

CR2E037 (9/99)