

2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00

DOCUMENT # N96000000302

1. Entity Name

CYPRESS LAKES AT HIGH POINT HOMEOWNERS ASSOCIATI

FILED

00 MAY -4 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

CYPRESS LAKES HOA
PO BOX 781031
ORLANDO FL 32878
US

CYPRESS LAKES HOA
PO BOX 781031
ORLANDO FL 32878-1031
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

05/04/00 900891042 61.24

4. FEI Number

59-3466914

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

MCCULLOH, NEAL ESQ
1065 MATLAND CTR COMMONS BLVD
MATLAND FL 32-7513

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 PD
NAME HELLNIG, NEIL
STREET ADDRESS 555 TREE SHORE DR
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE ~~DIRECTOR~~
NAME ~~HELLNIG, NEIL~~
STREET ADDRESS ~~555 TREE SHORE DR~~
CITY-ST-ZIP ~~ORLANDO FL 32825~~ ☐ Change ☐ Addition

TITLE VPD
NAME DELIC, JACOB
STREET ADDRESS 506 TREE SHORE DR
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE ~~DIRECTOR~~
NAME ~~DELIC, JACOB~~
STREET ADDRESS ~~506 TREE SHORE DR~~
CITY-ST-ZIP ~~ORLANDO FL 32825~~ ☒ Change ☐ Addition

TITLE VD
NAME PORRATA-DORIA, SHEILA I
STREET ADDRESS 510 TREE SHORE DR
CITY-ST-ZIP ORLANDO FL 32825 ☒ Delete

TITLE ~~DIRECTOR~~
NAME ~~PORRATA-DORIA, SHEILA I~~
STREET ADDRESS ~~510 TREE SHORE DR~~
CITY-ST-ZIP ~~ORLANDO FL 32825~~ ☐ Change ☐ Addition

TITLE SD
NAME NITTO, ELEANOR E
STREET ADDRESS 568 TREE SHORE DR
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE ~~DIRECTOR~~
NAME ~~NITTO, ELEANOR E~~
STREET ADDRESS ~~568 TREE SHORE DR~~
CITY-ST-ZIP ~~ORLANDO FL 32825~~ ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL HELLNIG 4-24-00 407-380-2620

Date

Daytime Phone #

CR2E037 (9/99)

512