2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90034 017 ****61.25

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

DO NOT WRITE IN THIS SPACE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONWAY, MICHAEL 1870 BRANCHWATER TRAIL ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Michael Conway 1870 Branchwater Trail Orlando FL 32825
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAUGHTON, DAN 1648 CYPRESS RDIGE DR ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lester Kisling 10778 Sparr Brook Ln. Orlando FL 32825
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCOTT, LORRANIE 10699 SATINWOOD CIRLCE ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Patty Parrett 1759 Lady Slipper Ct. Orl. FL 32825
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KIEBZAK, KEITH 1837 BLUE FOX COURT ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gary Layman 10954 Mill Pond Way Orl. FL 32825
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SANTIAGO, ANGIE 1954 BRANCHWATER TRAIL ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEMPSTEAD, DEBRA 1724 BUCKHORN PLACE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037 (10/00)

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: Michael Conway PRESIDENT 2/5/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #