

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000302

1. Entity Name

CYPRESS LAKES AT HIGH POINT HOMEOWNERS ASSOCIATI

Principal Place of Business

CYPRESS LAKES HOA  
PO BOX 781031  
ORLANDO FL 32878  
US

Mailing Address

CYPRESS LAKES HOA  
PO BOX 781031  
ORLANDO FL 32878  
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

59-3466914

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 MAITLAND CTR COMMONS BLVD  
MAITLAND 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ 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

TITLE  
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CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

TITLE  
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90058 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)