

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90054 021 ****70.00

DOCUMENT # N00000007949

1. Entity Name

CYPRESS LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**209 PHIPPS PLAZA
PALM BEACH FL 33480**

Mailing Address

**209 PHIPPS PLAZA
PALM BEACH FL 33480**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORKERY, THOMAS J
2304-A WINTER WOODS BLVD
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORKERY, THOMAS J 209 PHIPPS PLAZA PALM BEACH FL 33480 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOSOY, BRIAN D 209 PHIPPS PLAZA PALM BEACH FL 33480 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAROSZCZ, JAN 209 PHIPPS PLAZA PALM BEACH FL 33480 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COSTELLO, VINCENT 209 PHIPPS PLAZA PALM BEACH FL 33480 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SHREEVE, DAVID J. 209 Phipps Plaza Palm Beach, FL 33480 ☐ Change ☒ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Brian D. Kosoy,
V. President*

Date

Daytime Phone #

CR2E037 (10/00)

4-12-01 561-835-1810