2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State
04-24-2002 90342 023 ****70.00

DOCUMENT # N00000007949

1. Entity Name

CYPRESS LAKES COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~209 PHIPPS PLAZA~~ ~~PALM BEACH FL 33480~~	~~209 PHIPPS PLAZA~~ ~~PALM BEACH FL 33480~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One North Clematis St.	One North Clematis St.
Suite, Apt. #, etc.: Suite 305	Suite, Apt. #, etc.: Suite 305
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number ~~APPLIED FOR~~ 65-1133831 ☐ 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
CORKERY, THOMAS J 2304-A WINTER WOODS BLVD WINTER PARK FL 32792	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	PD CORKERY, THOMAS J 2304-A WINTER WOODS BLVD. WINTER PARK FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD KOSOY, BRIAN D ~~2304-A WINTER WOODS BLVD.~~ ~~WINTER PARK FL 32792~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	One N. Clematis St. Ste. 305 West Palm Beach, FL 33401	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JAROSZWICZ, JAN ~~2304-A WINTER WOODS BLVD.~~ ~~WINTER PARK FL 32792~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	One N. Clematis St. Suite 305 West Palm Beach, FL 33401	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COSTELLO, VINCENT ~~209 PHIPPS PLAZA~~ ~~PALM BEACH FL 33480~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	One North Clematis St. Suite 305 West Palm Beach, FL 33401	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT SHREEVE, DAVID J ~~209 PHIPPS PLAZA~~ ~~PALM BEACH FL 33480~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	One North Clematis St. Suite 305 West Palm Beach, FL 33401	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 4-11-02 561-835-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #