

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91156 017 ****61.25

DOCUMENT # N38596

1. Entity Name

CYPRESS COVE OF JUPITER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~725 N A1A~~
~~C-110~~
~~JUPITER FL 33477~~
~~US~~

~~725 N A1A~~
~~C-110~~
~~JUPITER FL 33477~~
~~US~~

2. Principal Place of Business

1930 Commerce La
 Suite, Apt. #, etc. **#1**

3. Mailing Address

1930 Commerce La
 Suite, Apt. #, etc. **#1**

City & State **Jupiter, FL**
 Zip ~~33458~~
 Country **US**

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 Zip **33458**
 Country **US**

4. FEI Number **65-0228334**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EVINE, JAY STEVEN
EVINE, FRANK & EDGAR PA.
3300 PGA BLVD, SUITE 500
PALM BEACH GARDENS FL 33410

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MADEY, JOHN	
STREET ADDRESS	6755 CYPRESS COVE CIRCL	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNABOE, DENISE	
STREET ADDRESS	6846 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAMINSKY, NORMA	
STREET ADDRESS	6905 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	RICH, MARILYN	
STREET ADDRESS	19177 TAMARA LANE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD -	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Pfeiffer	
STREET ADDRESS	16171 TAMARA LG	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey George	
STREET ADDRESS	6882 Cypress Cove Cr.	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Turiano	
STREET ADDRESS	6985 Cypress Cove Cr	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Lee Pagel	
STREET ADDRESS	6917 CYPRESS COVE CR	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **OFFICER REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-743-6608

CR2E037 (9/01)