YEAR 2004

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2004 8:00 am
Secretary of State
03-17-2004 90032 022 ****61.25

DOCUMENT # N02000001771

1. Entity Name CYPRESS POINT HOMEOWNERS ASSN

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94030629

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2. Principal Place of Business
26430 SAVAGE CIR
Suite, Apt. #, etc.
City & State
HOWEY IN THE HLS, FL
Zip
34737-3038
Country
LAKE

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-3811868 ☒ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name HOWARD D. ELLIS
Street Address (P.O. Box Number is Not Acceptable) 26429 SAVAGE CIR
City HOWEY IN THE HLS FL Zip Code 34737

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	DAVE MYERS
STREET ADDRESS	11360 SAVAGE CT.
CITY-ST-ZIP	HOWEY IN THE HLS, FL 34737
TITLE	V.P.
NAME	HOWARD D. ELLIS
STREET ADDRESS	26429 SAVAGE CIR
CITY-ST-ZIP	HOWEY IN THE HLS, FL 34737
TITLE	SEC'Y - TREASURER
NAME	MARCIE EDLIN
STREET ADDRESS	26600 SAVAGE CIR
CITY-ST-ZIP	HOWEY IN THE HLS, FL 34737
TITLE	DIRECTOR
NAME	TONY BOULING
STREET ADDRESS	26419 SAVAGE CIR
CITY-ST-ZIP	HOWEY IN THE HLS, FL 34737
TITLE	DIRECTOR
NAME	LOWELL PRATER
STREET ADDRESS	26439 SAVAGE CIR
CITY-ST-ZIP	HOWEY IN THE HLS, FL 34737
TITLE	DIRECTOR
NAME	CHRIS THOMAS
STREET ADDRESS	26429 SAVAGE CIRCLE
CITY-ST-ZIP	HOWEY IN THE HLS, FL 34737

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ Marcellene Edlin 3-13-04 MARCIE EDLIN, SEC'Y