

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90046 022 ****61.25

DOCUMENT # 758415

1. Entity Name

CYPRESS COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O ASSOCIATED PROP. MGMT
400 S DIXIE HWY #10
LAKE WORTH FL 33460

Mailing Address

C/O ASSOCIATED PROP. MGMT
400 S DIXIE HWY #10
LAKE WORTH FL 33460

2. Principal Place of Business

3. Mailing Address

1928 Lake Worth Rd

Suite, Apt. #, etc.

Lake Worth, FL

Zip 33461 Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2157875**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY, SUITE 10
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name **Associated Prop. Mgmt**
Street Address (P.O. Box Number is Not Acceptable)
1928 Lake Worth Rd
City **Lake Worth** **FL** Zip Code **33461**

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

3/10/03

FILE NOW: FEE IS \$61.25

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	VD	<input type="checkbox"/> Delete
NAME	MORTIMER, MICHAEL	
STREET ADDRESS	4313 OAK TERRACE DRIVE	
CITY-ST-ZIP	GREEN ACRES FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ARMES, ARLENE	
STREET ADDRESS	4319 OAK TERRACE DR	
CITY-ST-ZIP	GREEN ACRES FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CUCCI, ANTHONY	
STREET ADDRESS	4215 OAK TERRACE DRIVE	
CITY-ST-ZIP	GREENACRES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOUGHERTY, CRAIG	
STREET ADDRESS	448 GLEN BROOK DR	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYNES, DURWOOD	
STREET ADDRESS	4213 OAK TERRACE DR	
CITY-ST-ZIP	GREEN ACRES FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony Cucci	
STREET ADDRESS	4215 Oak Terrace Drive	
CITY-ST-ZIP	Greenacres, FL 33461	
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		
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:

REQUIRED

3/06/03

CR2E037 (10/02)