

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

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

03-13-2003 90102 019 ****61.25

DOCUMENT # **0200000171**

1. Entity Name **CYPRESS POINT
HOMEOWNERS ASSN**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26430 SAVAGE CIR

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOWEY IN THE HLS, FL

City & State

4. FEI Number

59-2811868

Applied For

Not Applicable

Zip

Country

34137-3008 LAKE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

34137

**DO NOT WRITE
IN THIS SPACE**

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 **11130 SAVAGE CIR**
CITY- ST- ZIP **HOWEY IN THE HLS, FL 34137**

TITLE **V.P.**
NAME **HOWARD D. ELLIS**
STREET ADDRESS **26429 SAVAGE CIR**
CITY- ST- ZIP **HOWEY IN THE HLS, FL 34137**

TITLE **SELY- TREASURER**
NAME **MARCIE EDLIN**
STREET ADDRESS **20500 SAVAGE CIR**
CITY- ST- ZIP **HOWEY IN THE HLS, FL 34137**

TITLE **DIRECTOR**
NAME **TONY BAULING**
STREET ADDRESS **26419 SAVAGE CIR**
CITY- ST- ZIP **HOWEY IN THE HLS, FL 34137**

TITLE **DIRECTOR**
NAME **LOWELL PRATER**
STREET ADDRESS **26439 SAVAGE CIR**
CITY- ST- ZIP **HOWEY IN THE HLS, FL 34137**

TITLE **DIRECTOR**
NAME **CHRIS THOMAS**
STREET ADDRESS **26429 SAVAGE CIRCLE**
CITY- ST- ZIP **HOWEY IN THE HLS, FL 34137**

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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 3/13/03

CH2E037B (12/02)