5/5/1

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2000 8:00 am
Secretary of State
05-10-2000 90133 050 ****61.25

DOCUMENT # 725808

1. Entity Name

CYPRESS LANDING IMPROVEMENT ASSOCIATION INC

Principal Place of Business	Mailing Address
116 CYPRESS LANDING JACKSONVILLE FL 32259-9870	111 CYPRESS LANDING JACKSONVILLE FL 32259-9819 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	106 Cypress Landing Suite, Apt. #, etc.
City & State	City & State: JACKSONVILLE, FLORIDA
Zip / Country	Zip: 32259 / Country: U.S.A.

4. FEI Number: NOT APPLICABLE ☐ 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
WILLIAMS, ROBERT B. JR. 111 CYPRESS LANDING JACKSONVILLE FL 32259	Name: FRED KAISER Street Address (P.O. Box Number is Not Acceptable): 106 Cypress Landing City: JACKSONVILLE FL Zip Code: 32259

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: _____ 6-26-00 4/27/00
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 MACKIE, A WILLIAM 101 CYPRESS LANDING JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT (D) KAREN DARWELL 107 Cypress Landing JACKSONVILLE, FLORIDA 32259	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KAISER, FRED 106 CYPRESS LANDING JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TRACIE GCKORT 113 Cypress Landing JACKSONVILLE, FL 32259	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, ROBERT B JR 111 CYPRESS LANDING JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRED KAISER 106 Cypress Landing JACKSONVILLE, FL 32259	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHUTT, KATHY 115 CYPRESS LANDING JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LINDA MACKIE 101 Cypress Landing JACKSONVILLE, FL 32259	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #