

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90036 042 ****61.25

DOCUMENT # 750236

1. Entity Name

CYPRESS BEND HOMEOWNERS ASSOCIATION OF COUNTRYSIDE, INC.

Principal Place of Business

Mailing Address

2501 DOGWOOD COURT
 CLEARWATER FL 33761
 US

2501 DOGWOOD COURT
 CLEARWATER FL 33761
 US

B0091207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2607 Winding Wood Drive

3. Mailing Address

2607 Winding Wood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Clearwater, FL

Clearwater, FL

City & State

City & State

33761 USA

33761 USA

4. FEI Number

59-2455796

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OCODL, RANDALL B.
2501 DOGWOOD COURT
CLEARWATER FL 33761

Name

Scott Sampson

Street Address (P.O. Box Number is Not Acceptable)

2607 Winding Wood Drive

City

Clearwater

FL

Zip Code
33761

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)

4/21/02

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 **VP** ☐ Delete
 NAME **SAMPSON, SCOTT**
 STREET ADDRESS **2607 WINDING WOOD DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VP** ☒ Change ☐ Addition
 NAME **Randy Sowcosl**
 STREET ADDRESS **2501 Dogwood Court**
 CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **T** ☐ Delete
 NAME **SULLIVAN, MARY ELLEN**
 STREET ADDRESS **2781 COTTON WOOD COURT**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Change ☒ Addition
 NAME **Barbara Lewis**
 STREET ADDRESS **2585 Winding Wood Drive**
 CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **S** ☒ Delete
 NAME **POTTS, LYNDIA**
 STREET ADDRESS **2503 CYPRESS BEND DRIVE EAST**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Change ☒ Addition
 NAME **Jack Frawley**
 STREET ADDRESS **2506 Dogwood Court**
 CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **D** ☐ Delete
 NAME **TENNANT, RICK**
 STREET ADDRESS **2849 WINDING WOOD DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Change ☒ Addition
 NAME **George Rich**
 STREET ADDRESS **2561 Winding Wood Drive**
 CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **D** ☐ Delete
 NAME **OPIE, MICHELLE**
 STREET ADDRESS **2507 DOGWOOD CT**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Change ☒ Addition
 NAME **Bob McManaway**
 STREET ADDRESS **2579 Winding Wood Drive**
 CITY-ST-ZIP **Clearwater, FL 33761**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **Scott Sampson**
 STREET ADDRESS **2607 Winding Wood Drive**
 CITY-ST-ZIP **Clearwater, FL 33761**

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:

SIGNATURE Scott Sampson

4/21/02

727 803 3413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)