2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
01-29-2001 90085 043 ****61.25

DOCUMENT # 753801

1. Entity Name

CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
108 CYPRESS BLVD. WEST HOMOSASSA FL 32646	108 CYPRESS BLVD. WEST HOMOSASSA FL 32646

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2441506 ☐ 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
GAFFNEY, KAREN O ESQ 221 WEST MAIN ST., STE D INVERNESS FL 34450	Name: LEVANDIS, JOHN Street Address (P.O. Box Number is Not Acceptable): 108 CYPRESS BLVD. WEST City: HOMOSASSA **FL** Zip Code: 34446

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 _____ DATE

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

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	D VAN DYKE, RUSSELL DR 34 MAYFLOWER COURT S. HOMOSASSA FL 34446	☐ Delete	VP BOURQUIN, GEORGE 206 PINE STREET HOMOSASSA, FL 34446	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEE, RUSS 66 DOUGLAS ST. HOMOSASSA FL 34446	☐ Delete	S BILY, JOY 20 SWEETGUM COURT S HOMOSASSA, FL #$$$¢	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE, VIRGINIA 22 MAYFLOWER COURT S. HOMOSASSA FL 34446	☐ Delete	T GOSSETT, ROBERT 14 SWEETGUM COURT S HOMOSASSA, FL 34446	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, HARRY 3 SHUMARD CCT S HOMOSSA FL	☐ Delete	D RUNFOLA, PHILIP 36 SEAGRAPE STREET HOMOSASSA, FL #$$$¢	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, RICHARD 37 SEAGRAPE ST. HOMOSASSA FL 34446	☐ Delete	P SMITH, RICHARD 37 SEAGRAPE STREET HOMOSASSA, FL 34446	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D VENARD, TOM 138 CORKWOOD BLVD HOMOSASSA, FL 34446	☐ Change	☐ Addition

CR2E037 (10/00)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #