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

FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90222 029 ****61.25

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DOCUMENT # 753801

1. Entity Name
CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
108 CYPRESS BLVD. WEST HOMOSASSA FL 34446	108 CYPRESS BLVD. WEST HOMOSASSA FL 34446

☒ CHECK HERE IF MAKING CHANGES

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
CODOGAN, JOHN J 108 CYPRESS BLVD. WEST HOMOSASSA FL 34446	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LUKAS, GAIL 71 CYPRESS BLVD W HOMOSASSA FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Walter Averill, MD 19 Seagrape St Homosassa FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REID, GEOFFREY 15 BONNIE CT S HOMOSASSA FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Bruce Brickmeier 45 Seagrape St Homosassa FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BILY, JOY 20 SWEET GUM CT S HOMOSASSA FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Melvin Beckelhimer 35 Hackberry Dr Homosassa FL 34446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEAN, JOHN 5 COCOPLUM CT HOMOSASSA FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Melvin Lederman 92 Linder Dr Homosassa FL 34446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHALSKI, GENE 1 COCOPLUM CT HOMOSASSA FL 34446	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mary Ellen McCoy 47 Seagrape St Homosassa FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, RICHARD 8 MILBARK CT S HOMOSASSA FL 34446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Arthur Anderson 9 Eugenia Ct W Homosassa FL 34446	☐ Change ☒ Addition

CR2E037 (10/02)

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: Mary Ellen McCoy 05/09/03 352-382-1900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE Daytime Telephone Number