FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am § Secretary of State **DOCUMENT # 756520** 1. Entity Name 04-01-2002 90648 005 ****61.25 CYPRESS CREEK VILLAS OF CORAL SPRINGS CONDOMINIU M ASSOCIATION, INC. Principal Place of Business Mailing Address 9365 W. SAMPLE RD. 9365 W. SAMPLE RD. SUITE 203-A SUITE 203-A CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-2027703 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <Name Street Address (P.O. Box Number is Not Acceptable) SAATHOFF, ANNE M. 9365 W. SAMPLE RD. #203A **CORAL SPRINGS FL 33065** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 √i10. 11. (6) SD Delete TITLE ☐ Change ✓ Addition TITLE STILLLELL, ROBERT NAME PERNICE, DENISE M NAME 9365 W. SAMPLE ND # 203 STREET ADDRESS STREET ADDRESS 1740 NW 111 AVENUE CORAL SPRINGS, FL 3306 5 CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL PD Addition TITLE Delete TITLE. ☐ Change PACHTMAN, DAVID NAME PERNICE, DENISE 9365 W. SAMPLE RD # 203 NAME STREET ADDRESS 16651 WESTWOOD LANE STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIF Weston Fl. STD ☑ Delete TITLE Change Addition TITLE KATZ, MARC NAME NAME KATZ, MARC 9365 W. SAMPLE RO + 203 STREET ADDRESS 11535 NW 33 STREET STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

954-752-4796