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

DOCUMENT # 756520

1. Entity Name

CYPRESS CREEK VILLAS OF CORAL SPRINGS CONDOMINIU M ASSOCIATION, INC.



Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90141 026 ****61 25

FILED

Principal Place of Business Mailing Address 9365 W. SAMPLE RD. 9365 W. SAMPLE RD. 10000010 SUITE 203-A SUITE 203-A CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address P.O. BOX 8506 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2027703 Applied For CORAL SORINGS Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33075 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAATHOFF, ANNE M. Street Address (P.O. Box Number is Not Acceptable) 9365 W. SAMPLE RD. #203A **CORAL SPRINGS FL 33065** Zip Code City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITI E ☐ Delete TITLE ☐ Addition STILLWELL, ROBERT NAME NAME |9365 W. SAMPLE RD #203 AO. BOX 8506 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRING FL 33065 CITY-ST-ZIP CORAL SPRINGS FL 33075 □ Change ☐ Addition TITI F ☐ Delete TITLE Pernice, Denise PERNICE, DENISE P.O. BOX 8506 NAME NAME 9365 W. SAMPLE RD #203 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CORAL_SPRIMES, FL 33075 CITY-ST-ZIP CITY ST ZIP Addition Change TITLE ☐ Defete TITI F KATZ, MARC NAME NAME P.O. BOX 8506 9365 W. SAMPLE RD #203 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CORAL SPAINGS, FL 33075 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

954-752-4796