2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **763663** 1. Entity Name CYPRESS RUN PROPERTY OWNERS' ASSOCIATION, INC. 05-16-2000 90041 038 ****61.25 Principal Place of Business Mailing Address 2669 ST. ANDREWS BLVD 2669 ST. ANDREWS BLVD TARPON SPRINGS FL 34689-6310 TARPON SPRINGS FL 34689-6310 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 4. FEI Number 59-2319765 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **ELLROD, MATTHEW** 5901 U.S. 19, SUITE 7-E **NEW PORT RICHEY FL 34657** 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. XX Addition XX Delete TITLE TITI F SD WANNAMAKER, ANN NAME NAME MILLS JOSEPH MUIRFIELD COURT 1118 STREET ADDRESS STREET ADDRESS 956 ROYAL BIRKDALE DRIVE TARPON SPRINGS, FL 34689 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 XX Addition ☐ Change VPD TITLE TITLE Delete VPD NAME BREWER, ARNOLD NAME LAFERIERE, ROBERT 2769 ST. ANDREWS BLVD. TARPON SPRINGS, FL 34689 STREET ADDRESS STREET ADDRESS 1040 ROYAL BIRKDALE DRIVE CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 XX Delete XX Addition TITLE TD TITLE Change Ð NAME NAME still. Lyn RITCHIE, JOANN 888 ROYAL BIRKDALE DRIVE STREET ADDRESS STREET ADDRESS 896 ROYAL BIRKDALE DRIVE CITY-ST-7IP CITY-ST-ZIP Tarpon Springs Fl <u>TARPON SPRINGS, FL 34689</u> Addition PD XX Change SD ☐ Delete TITLE VAN SCHENCK, VICKY NAME VANSCHENCK, VICKY NAME STREET ADDRESS STREET ADDRESS 2602 ROYAL LIVERPOOL DRIVE CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP TITI F ☐ Delete TITLE Change *Addition SCHWARTZ, MAVIS NAME FORDE, CATHY STREET ADDRESS STREET ADDRESS 2922 ST ANDREWS BLVD 1079 ROYAL TROON COURT CITY-ST-ZIP CITY-ST-7IP TARPON SPRINGS FL 34689 TARPON SPRINGS, FL 34689 D ☐ Delete TITLE XX Change ■ Addition BARKER, JAY NAME NAME

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

CITY-ST-ZIP

STREET ADDRESS

BARKER, JAY

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

902 GULLANE DR

TARPON SPRGS FL 34689

SIGNSET MEES REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 938-3774