

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90684 012 ****61.25

DOCUMENT # 763663

1. Entity Name

CYPRESS RUN PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2669 ST. ANDREWS BLVD
 TARPON SPRINGS FL 34689-6310
 US

2669 ST. ANDREWS BLVD
 TARPON SPRINGS FL 34689-6310
 US

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

59-2319765

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

ELLROD, MATTHEW
5901 U.S. 19, SUITE 7-E
NEW PORT RICHEY FL 34657

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **FORDE, CATHY**
 STREET ADDRESS **1079 ROYAL TROON CT**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **PD** Change Addition
 NAME **FORDE, CATHY**
 STREET ADDRESS **1079 Royal Troon Ct.**
 CITY-ST-ZIP **Tarpon Springs, FL 34688**

TITLE **VPD** Delete
 NAME **LAFERIERE, ROBERT**
 STREET ADDRESS **2769 ST. ANDREWS BLVD**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** Change Addition
 NAME **FOSTER, ANNE**
 STREET ADDRESS **1057 Royal Troon Court**
 CITY-ST-ZIP **Tarpon Springs, FL 34688**

TITLE **D** Delete
 NAME **RITCHIE, JOANN**
 STREET ADDRESS **888 ROYAL BIRKDALE DRIVE**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** Change Addition
 NAME **PRESTI, CHERYL**
 STREET ADDRESS **2902 St. Andrews Blvd.**
 CITY-ST-ZIP **Tarpon Springs, FL 34688**

TITLE **PD** Delete
 NAME **VAN SCHENCK, VICKY**
 STREET ADDRESS **2602 ROYAL LIVERPOOL DRIVE**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **SD** Change Addition
 NAME **VOLINI, NANCI**
 STREET ADDRESS **1024 Royal Birkdale Drive**
 CITY-ST-ZIP **Tarpon Springs, FL 34688**

TITLE **D** Delete
 NAME **SCHWARTZ, MAVIS**
 STREET ADDRESS **2922 ST ANDREWS BLVD**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** Change Addition
 NAME **CLOSE, LOUIS**
 STREET ADDRESS **2620 St. Andrews Blvd.**
 CITY-ST-ZIP **Tarpon Springs, FL 34688**

TITLE **TD** Delete
 NAME **MOLLOY, EARL**
 STREET ADDRESS **1041 ROYAL BIRKDALE DR**
 CITY-ST-ZIP **TARPON SPRGS FL 34689**

TITLE Change Addition
 NAME
 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: *Cathy Forde* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/07/02 727-937-6857

Date

Daytime Phone #

CR2E037 (9/01)