

DOCUMENT # 766070

1. Entity Name

CYPRESSVIEW PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90055 006 ****61.25

Principal Place of Business

Mailing Address

P O BOX 5324
SUN CITY CENTER FL 33571-5324
US

P O BOX 5324
SUN CITY CENTER FL 33571-5324
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

59-2262425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINSKY, MARK
1509 SUN CITY CENTER PLAZA
SUN CITY CENTER FL 33570

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 PD ☐ Delete
NAME ZIMMER, JACK
STREET ADDRESS ~~13007 COMFY COURT~~
CITY-ST-ZIP SUN CITY CENTER FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1607 COMFY COURT
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KAMM, RICHARD
STREET ADDRESS 1709 AURA COURT
CITY-ST-ZIP SUN CITY CENTER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME MOGIL, BERNARD
STREET ADDRESS 1617 COMFY COURT
CITY-ST-ZIP SUN CITY CENTER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME DECHEINE, DOLORES A.
STREET ADDRESS 1704 ATRIUM DR.
CITY-ST-ZIP SUN CITY CTR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DISBROW, RUSSELL
STREET ADDRESS 1710 ATRIUM DR.
CITY-ST-ZIP SUN CITY CENTER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

BERNARD MOGIL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00
Date

(813)633-0478
Daytime Phone #

CR2E037 (9/99)