

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

05-09-2002 90081 028 ****61.25

DOCUMENT # N00000006162

1. Entity Name

CYPRESS GARDENS OF FORT MYERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~3225 AVIATION AVE., 7TH FL.~~
~~COCONUT GROVE FL 33109~~

~~3225 AVIATION AVE., 7TH FL.~~
~~COCONUT GROVE FL 33109~~

2. Principal Place of Business

3. Mailing Address

c/o Hinman Straub, P.C.**c/o Hinman Straub, P.C.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

121 State Street**121 State Street**

City & State

City & State

Albany, NY**Albany, NY**

Zip

12207

Country

USA

Zip

12207

Country

USA

4. FEI Num

Applied For

Not Applicable

65-10908325. 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

KAMENESH, PETER Z -
3225 AVIATION AVE., 7TH FL.
COCONUT GROVE FL 33133

Name

Bolanos-Truxton, P.A.

Street Address (P.O. Box Number is Not Acceptable)

12800 University Drive**Suite 340**

City

Ft. Myers**FL**Zip Code
33907

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.

Officer of

Bolanos Truxton, P.A.

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 \$61.259. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00** May Be Added to Fees**Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete

NAME **RILEY, PATRICK J**
 STREET ADDRESS **3225 AVIATION AVE., 7TH FL.**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D** ☐ Delete

NAME **ALDRICH, JOHN**
 STREET ADDRESS **121 STATE ST.**
 CITY-ST-ZIP **ALBANY NY 12207-1683**

TITLE **D** ☐ Delete

NAME **RILEY, CHRISTINE C**
 STREET ADDRESS **3225 AVIATION AVE., 7TH FL.**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10TITLE ☒ Change ☐ Addition

NAME
 STREET ADDRESS **121 State Street**
 CITY-ST-ZIP **Albany, NY 12207**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
 STREET ADDRESS **121 State Street**
 CITY-ST-ZIP **Albany, NY 12207**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)