

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007032

1. Entity Name

CYPRESS CREEK OFFICE PLAZA CONDOMINIUM ASSOCIATI

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90395 020 ****61.25

Principal Place of Business

6242 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309

Mailing Address

6242 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309

UUU41001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2239167

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NORTON, DAVID
6242 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MADLE, DONALD J
6242 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NORTON, DAVID
6242 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WYLER, WILLIAM
6242 N. ANDREWS AVENUE
FORT LAUDERDALE FL 33309 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 empowerment.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-01 (954) 771-5444

CR2E037 (10/00)