

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90342 023 \*\*\*\*70.00

**DOCUMENT # N00000007949**

1. Entity Name

**CYPRESS LAKES COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~300 PHIPPS PLAZA~~  
~~PALM BEACH FL 33480~~

~~300 PHIPPS PLAZA~~  
~~PALM BEACH FL 33480~~

2. Principal Place of Business

3. Mailing Address

**One North Clematis St.**

**One North Clematis St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 305**

**Suite 305**

City & State

City & State

**West Palm Beach, FL**

**West Palm Beach, FL**

Zip

Country

Zip

Country

**33401**

**USA**

**33401**

**USA**

4. FEI Number **65-1133831**

Applied For

**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

**CORKERY, THOMAS J**  
**2304-A WINTER WOODS BLVD**  
**WINTER PARK FL 32792**

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	PD CORKERY, THOMAS J 2304-A WINTER WOODS BLVD. WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOSOY, BRIAN D 2304-A WINTER WOODS BLVD. WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAROSZWICZ, JAN 2304-A WINTER WOODS BLVD. WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSTELLO, VINCENT 300 PHIPPS PLAZA PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SHREEVE, DAVID J 300 PHIPPS PLAZA PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One N. Clematis St. Ste. 305</b> <b>West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One N. Clematis St. - Suite 305</b> <b>West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One North Clematis St.</b> <b>Suite 305</b> <b>West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One North Clematis St.</b> <b>Suite 305</b> <b>West Palm Beach, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-02 561-835-1810**

Date

Daytime Phone #

CR2E037 (9/01)