

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90163 034 ****70.00

DOCUMENT # N00000007949

1. Entity Name

CYPRESS LAKES COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH FL 33401**

Mailing Address
**ONE NORTH CLEMATIS STREET
SUITE 305
WEST PALM BEACH FL 33401**

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 **65-1133831**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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 **Brian D. Kosoy**
Street Address (P.O. Box Number is Not Acceptable)
one North Clematis St.
Suite 305
City **West Palm Beach.** FL Zip Code **33401**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CORKERY, THOMAS J	
STREET ADDRESS	2304-A WINTER WOODS BLVD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KOSOY, BRIAN D	
STREET ADDRESS	ONE NORH CLEMATIS STREET SUITE 305	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAROSZWICZ, JAN	
STREET ADDRESS	ONE NORH CLEMATIS STREET SUITE 305	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COSTELLO, VINCENT	
STREET ADDRESS	ONE NORH CLEMATIS STREET SUITE 305	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SHREEVE, DAVID J	
STREET ADDRESS	ONE NORH CLEMATIS STREET SUITE 305	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Brian D. Kosoy 4-10-03 561-835-1810**

CR2E037 (10/02)