

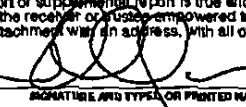
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N00000007949

FILED

03 MAY -7 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
901060062003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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 882 Jackson Ave.		3. Mailing Address 882 Jackson Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789		Zip 32789	
Country		Country	
4. FEI Number 65-1133831		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORKERY, THOMAS J 2304-A WINTER WOODS BLVD WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name Davis, Kevin Street Address (P.O. Box Number is Not Acceptable) 882 Jackson Ave City Winter Park FL 32789	
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 		DATE 4/2/03	
FILE NOW - FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jerman, Richard 1750 W. Broadway St., #118 Oviedo, FL 32765 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOSBY, BRIAN D ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAROSZCZAK, JAN ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSTELLO, VINCENT ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Costello, Vincent ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SHREEVE, DAVID J ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH, FL 33401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME 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)(f), 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: 		DATE 4/18/03 407-971-1010	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CFL-037 (10/02)