

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90048 030 ****61.25

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

DOCUMENT # N00091

1. Entity Name

VILLAS AT CYPRESS RUN-WEST OWNERS'
ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

80047071

2. Principal Place of Business
3060 Alternate 19 North

Suite, Apt. #, etc.
Suite B-15

City & State
Palm Harbor, FL

Zip
34683-1929

Country
USA

3. Mailing Address
3060 Alternate 19 North

Suite, Apt. #, etc.
Suite B-15

City & State
Palm Harbor, FL

Zip
34683-1929

Country
USA

4. FEI Number
59-2344333

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Whetzel, Terri B., CMCA, AMS

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

2165 Trevor Road

City Palm Harbor

FL Zip Code
34683-1733

**DO NOT WRITE
IN THIS SPACE**

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.

Terri B. Whetzel, CMCA, AMS

02-17-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/D - Godfrey, Charles
2639 Royal Liverpool Drive
Tarpon Springs, FL 34688-6337

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/D - Cynthia B. Eimers
2631 Royal Liverpool Drive
Tarpon Springs, FL 34688-6337

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/D - Robert M. Kaufman
2595 Royal Liverpool Drive
Tarpon Springs, FL 34688-6335

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S/D - Thomas A. Garrity
922 Gullane Drive
Tarpon Springs, FL 34688-6333

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T/D - Ryan, Daniel P.
962 Gullane Drive
Tarpon Springs, FL 34688-6333

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel P. Ryan, Treasurer

02-17-03

727-937-2960

Date

Daytime Phone #

CR2E037B (12/02)