

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90067 049 ****61.25

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1. Entity Name

CYPRESS LAKES MANOR SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**8771 ROSE CT
FT MYERS FL 33919**

Mailing Address

**8771 ROSE CT
FT MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1082059**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY ST
FT MYERS FL 33901**

7. Name and Address of New Registered Agent

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. 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

TITLE	D	☐ Delete
NAME	GRANNIS, THOMAS	
STREET ADDRESS	8731 ROSE COURT	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	P	☐ Delete
NAME	LEMLEY, JACK	
STREET ADDRESS	1505 MYERLEE COUNTRY CLUB BLVD V-4	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	☐ Delete
NAME	COASH, RONALD	
STREET ADDRESS	8751 ROSE COURT	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	☒ Delete
NAME	ALEXANDER, CONSTANTINE	
STREET ADDRESS	1505 MYERLEE COUNTRY CLUB BLVD V-4	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	☒ Delete
NAME	LINDBERG, HARVEY	
STREET ADDRESS	6761 PANTHER LANE T-5	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	☒ Delete
NAME	GARRY, JEAN	
STREET ADDRESS	6741 PANTHER LANE	
CITY-ST-ZIP	FT MYERS FL 33919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	RONALD RITERSON	
STREET ADDRESS	8781 LUECK LA.	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D. VICE CHAIR	☒ Change ☐ Addition
NAME	BARLENE IDETTA	
STREET ADDRESS	8751 ROSE CT.	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D. VICE CHAIR	☐ Change ☐ Addition
NAME	DEBBIE ISERBROD	
STREET ADDRESS	6761 PANTHER LA.	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	PATTI MARSHALL	☐ Change ☐ Addition
NAME	6770 WINKLER RD.	
STREET ADDRESS	FT MYERS FL 33919	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	WM. POLRY	☐ Change ☐ Addition
NAME	6740 WINKLER RD.	
STREET ADDRESS	FT MYERS FL 33919	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE		☐ Change ☐ 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 OF REGISTERED AGENT

1-20-03

239-4810099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)