

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000004155

1. Entity Name

CYPRESS PALM GARDENS HOMEOWNERS ASSOCIATION, INC

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91694 040 ****61.25

Principal Place of Business

Mailing Address

331 SOUTH 12TH STREET
FERNANDINA BEACH FL 32034

331 SOUTH 12TH STREET
FERNANDINA BEACH FL 32034

2. Principal Place of Business

331 South 12th Street

3. Mailing Address

331 South 12th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fernandina Beach, FL

Fernandina Beach, FL

4. FEI Number

59-3755403

Applied For

Not Applicable

Zip

Country

32034

Nassau

Zip

Country

32034

Nassau

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, EVETT L ESQ.
145 NW CENTRAL PARK PLAZA
SUITE 200
PORT ST. LUCIE FL 34986

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 PD
NAME THOMPSON, GEORGE E
STREET ADDRESS 331 SOUTH 12TH STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME THOMPSON, MARY E
STREET ADDRESS 331 SOUTH 12TH STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME MORRIS, PAULA E
STREET ADDRESS 1204 FIR STREET
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME MITCHELL, VELMA D
STREET ADDRESS POST OFFICE BOX 373
CITY-ST-ZIP FERNANDINA BEACH FL 32034 ☐ 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

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)(l), 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:

George E Thompson

5/1/02 904/261-3544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)