

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90262 028 ****61.25

0020474

DOCUMENT # N03058

1. Entity Name

CYPRESS POINTE COMMUNITY ASSOCIATION, INC

Principal Place of Business

5400 SW 4TH PLACE
 3312 W. UNIVERSITY AVE
 GAINESVILLE FL 32607
 US

Mailing Address

313 SW 54TH DRIVE
 BOX #323
 GAINESVILLE FL 32607
 US

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

59-2588166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANAGEMENT SPECIALISTS
 2830 NW 41ST STREET
 SUITE F
 GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name

Management Specialists

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

4400 NW 36th AVE

City

Gainesville

FL

Zip Code

32606

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

Pat Lippe

Pat Lippe

4-18-01

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	DP	<input type="checkbox"/> Delete
NAME	WAHL, DAVID	
STREET ADDRESS	313 SW 54TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FURZE, ALEXIS	
STREET ADDRESS	5418 SW 4TH PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MONKHORST, HENDRIK	
STREET ADDRESS	5502 S.W. 4TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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CITY-ST-ZIP			
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:

David B Wahl

26 March 2001

352-377-6458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)