

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-28-2002 90069 018 ****61.25

DOCUMENT # N03058

1. Entity Name

CYPRESS POINTE COMMUNITY ASSOCIATION, INC

Principal Place of Business

Mailing Address

3400 SW 4TH PLACE
 3312 W. UNIVERSITY AVE
 GAINESVILLE FL 32607
 US

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

2. Principal Place of Business

3. Mailing Address

MANAGEMENT SPECIALISTS

MANAGEMENT SPECIALISTS

4400 NW 36th Avenue
 Gainesville, FL 32606

4400 NW 36th Avenue
 Gainesville, FL 32606



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2588166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

USA

Zip

Country

USA

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANAGEMENT SPECIALISTS
4400 NW 36TH AVE
GAINESVILLE FL 32608

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 **DP** Delete
 NAME **WAHL, DAVID**
 STREET ADDRESS **313 SW 54TH DRIVE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VP D** Change Addition
 NAME **Avalon Coleman**
 STREET ADDRESS **5413 SW 4th PL**
 CITY-ST-ZIP **Gainesville, FL 32607**

TITLE **OS** Delete
 NAME **FURZE, ALEXIS**
 STREET ADDRESS **5418 SW 4TH PL**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **SD** Change Addition
 NAME **Joe Carrigan**
 STREET ADDRESS **5522 SW 4th PL**
 CITY-ST-ZIP **Gainesville, FL 32607**

TITLE **DVP** Delete
 NAME **MONKHORST, HENDRIK**
 STREET ADDRESS **5502 S.W. 4TH PLACE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **TD** Change Addition
 NAME **Brandon Knott**
 STREET ADDRESS **5402 SW 4th PL**
 CITY-ST-ZIP **Gainesville, FL 32607**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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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)(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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Jan. 2002

Date

352-377-6458

Daytime Phone #

CR2E037 (9/01)