


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

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

05-05-2003 90352 022 ****61.25

0010435

DOCUMENT # N03058
1. Entity Name
CYPRESS POINTE COMMUNITY ASSOCIATION, INC



Principal Place of Business
**MANAGEMENT SPECIALISTS
4400 NW 36TH AVENUE
GAINESVILLE FL 32606
US**

Mailing Address
**MANAGEMENT SPECIALISTS
4400 NW 36TH AVENUE
GAINESVILLE FL 32606
US**

11036829



2. Principal Place of Business
**C/O ACTION REAL ESTATE SERVICES
Suite, Apt. #, etc.
6110-B NW 1 PL
City & State
GAINESVILLE FL
Zip
32607**

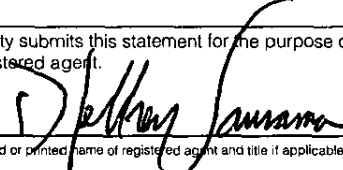
3. Mailing Address
**C/O ACTION REAL ESTATE SERVICES
Suite, Apt. #, etc.
6110-B NW 1 PL
City & State
GAINESVILLE FL
Zip
32607**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MANAGEMENT SPECIALISTS
4400 NW 36TH AVE
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent
Name **D JEFFREY SAUSAMAN**
Street Address (P.O. Box Number is Not Acceptable)
**C/O ACTION REAL ESTATE SERVICES
6110-B NW 1 PL**
City **GAINESVILLE FL** Zip Code **32607**

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  **D JEFFREY SAUSAMAN, ASSOC. MGR.** DATE **2/14/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

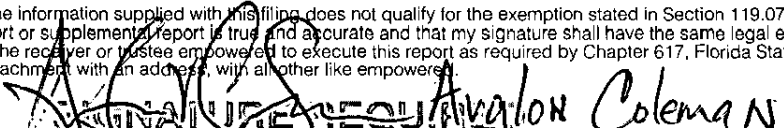
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAHL, DAVID 313 SW 54TH DRIVE GAINESVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLEMAN, AVALON 5413 SW 4TH PL GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARRIGAN, JOE 5522 SW 4TH PLACE GAINESVILLE FL 32607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNOTT, BRANDON 5402 SW 4TH PLACE GAINESVILLE FL 32607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTH GORME 309 SW 54 DR. GAINESVILLE FL 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON IRIZARRY 5518 SW 4TH PL GAINESVILLE FL 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANN MARIE EUBANK 317 SW 54TH DR GAINESVILLE FL 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN BELLETT 405 SW 54TH DR. GAINESVILLE FL 32607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerers.

SIGNATURE:  **AVALON COLEMAN** DATE **4.25.03** 3523311133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)