

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03809

1. Entity Name

CYPRESS LAKE ESTATES CONDOMINIUM ASSOCIATION, IN

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90107 037 ****61.25

Principal Place of Business

Mailing Address

13260 BROADHURST LOOP
FT. MYERS FL 33919
US

% BENSON'S, INC.
12650 WHITEHALL DRIVE
FT. MYERS FL 33907-3619
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BENSON, MARK R.
BENSON'S INC
12650 WHITEHALL DRIVE
FT. MYERS FL 33907

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	SAVERD, SUSAN	3949 S.E. 9TH COURT	CAPE CORAL FL 33904	☐
VD	PHILLIPS, MICHAEL	13305 BROADHURST LOOP	FT MYERS FL 33919	☐
TD	MOUNTJOY, LUTHER	13401 FOX CHAPEL COURT	FT MYERS FL 33919	☒
SD	ROSENBERG, LAWRENCE	13345 BROADHURST LOOP	FT MYERS FL 33919	☐
D	WIGLE, VICTORIA	8407 S. HAVEN LN	FT MEYERS FL 33919	☒
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	Saverd, Susan	3949 SE 9th Ct	Cape Coral, FL 33904	☒	☐
PD	Phillips, Michael	13305 Broadhurst Loop	Fort Myers, FL 33919	☒	☐
TD	Steve Bowman	8382 South Haven Ln	Fort Myers, FL 33919	☐	☒
D	Schwartz, Holly	13215 Broadhurst Loop	Fort Myers, FL 33919	☐	☒
				☐	☐

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:

SIG. Michael Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)