5/2

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 29, 2000 8:00 am**
**Secretary of State**
05-23-2000 90222 024 ****61.25

DOCUMENT # N06388

1. Entity Name

CYPRESS WILLOWS PROPERTY OWNERS ASSOCIATION, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 115 S. DALE MABRY HWY<br>SUITE 300<br>TAMPA FL 33609<br>US | 115 S. DALE MABRY HWY<br>SUITE 300<br>TAMPA FL 33609-2845<br>US |

[redacted]

DO NOT WRITE IN THIS SPACE

| 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 59-2651948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| UNIQUE PROPERTY SERVICES INC THE BELL BLDG<br>115 S. DALE MABRY<br>SUITE 300<br>TAMPA FL 33609 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>GEML, ANGELA<br>4015 CYPRESS WILLOWS CT<br>TAMPA FL 33614 | ☒ Delete | President - D<br>Elaine Dorreman<br>4010 Cypress Willows Ct<br>Tampa, FL | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>GEML, ANGELA<br>4015 CYPRESS WILLOWS CT<br>TAMPA FL | ☒ Delete | Secretary - D<br>Ellen Millard<br>4013 Cypress Willows Ct | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>DORREMAN, ELAINE<br>4010 CYPRESS WILLOWS CT.<br>TAMPA FL | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BURNES, FLO<br>4002 CYPRESS WILLOWS CT.<br>TAMPA FL | ☐ Delete | T-D | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHUMAN, WAYNE<br>4009 CYPRESS WILLOW COURT<br>TAMPA FL 33614 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MILLARD, ELLEN<br>4013 CYPRESS WILLOWS CT<br>TAMPA FL 33614 | ☒ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** SIGNATURE REQUIRED 4-26-00 813-249-9351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #