

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90081 013 ****61.25

DOCUMENT # N08523

1. Entity Name

CYPRESSVIEW II PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

P.O. BOX 5925
SUN CITY CENTER FL 33571

P.O. BOX 5925
SUN CITY CENTER FL 33571-5925

80015388

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2591035

Applied
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75-Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SCHMIDT, WALTER
1812 BRETH CT
SUN CITY CENTER FL 33573

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
D
COLBEY, MARILYN
1903 BOSKY CT.
SUN CITY CENTER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
IGLODAN, HELEN
1902 BOSKY CT
SUN CITY CENTER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
FISHER, KIP
1805 BRETH CT
SUN CITY CENTER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHMIDT, WALTER W
1812 BRETH CT
SUN CITY CENTER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WATTS, VELMA
1809 ATRIUM DR
SUN CITY CENTER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WOHLRABE, JIM
1811 BRETH CT
SUN CITY CENTER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER W. SCHMIDT 1-28-2000 813-633-034