

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90188 023 ****61.25

DOCUMENT # N08523

1. Entity Name

CYPRESSVIEW II PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business

P.O. BOX 5925
SUN CITY CENTER FL 33571

Mailing Address

P.O. BOX 5925
SUN CITY CENTER FL 33571

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 **59-2591035**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, WALTER
1812 BRETH CT
SUN CITY CENTER FL 33573

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

WALTER SCHMIDT PRESIDENT

2/10/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **COLBEY, MARILYN**
STREET ADDRESS **1903 BOSKY CT.**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **D** ☐ Change ☐ Addition
NAME **SHIRLEY BOGEDAIN**
STREET ADDRESS **1806 ATRIUM DR**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

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

TITLE **VD** ☐ Delete
NAME **MOSS, MELVIN**
STREET ADDRESS **1757 ARTIUM DR**
CITY-ST-ZIP **SUN CITY CENTER FL**

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

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

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

TITLE **SD** ☒ Delete
NAME **WATTS, VELMA**
STREET ADDRESS **1809 ATRIUM DR**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **D** ☐ Change ☐ Addition
NAME **WILLIAM HEUER**
STREET ADDRESS **1809 BRETH CT.**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

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)(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:

WALTER SCHMIDT PRESIDENT

PRESIDENT

2/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)