

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90054 032 \*\*\*\*61.25

0093692

**DOCUMENT # N08787**

1. Entity Name

**CYPRESS CREEK MOBILE HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

P.O. BOX 1681  
 LEESBURG FL 34748

P.O. BOX 1681  
 LEESBURG FL 34748

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

**59-2649184**

Applied For

Not Applicable

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

**GERKEN, SCOTT A.**  
**4850 N HWY 19-A**  
**MT DORA FL 32757**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM	
STREET ADDRESS	28944 HUBBARD ST. #103	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, WILLIAM	
STREET ADDRESS	28944 HUBBARD ST. #57	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, CATHERINE	
STREET ADDRESS	28944-51 HUBBARD ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BEISSEL, DONALD E.	
STREET ADDRESS	28944 HUBBARD, #51	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEERS, KENNETH	
STREET ADDRESS	28944 HUBBARD ST. #125	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABLE, THOMAS	
STREET ADDRESS	28944-101 HUBBARD	
CITY-ST-ZIP	LEESBURG FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK REGIVAL	
STREET ADDRESS	28944 HUBBARD ST. # 71	
CITY-ST-ZIP	LEESBURG, FLA. 34748	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY WYATT	
STREET ADDRESS	28944 HUBBARD ST # 142	
CITY-ST-ZIP	LEESBURG, FLA. 34748	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVONNE SCHROPP	
STREET ADDRESS	28944 HUBBARD ST. # 113	
CITY-ST-ZIP	LEESBURG, FLA 34748	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. THOMAS WILHELM	
STREET ADDRESS	28944 HUBBARD ST. # 111	
CITY-ST-ZIP	LEESBURG, FLA. 34748	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM COBERLY	
STREET ADDRESS	28944 HUBBARD ST. # 112	
CITY-ST-ZIP	LEESBURG, FLA 34748	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESTON JONES	
STREET ADDRESS	28944 HUBBARD ST. # 41	
CITY-ST-ZIP	LEESBURG, FLA 34748	

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: *G. Thomas Wilhelm* **2-5-01 352-728 8803**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)