

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90010 044 ****61.25

0097697

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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name
LEE JAY COLLING
 Street Address (P.O. Box Number is Not Acceptable)
682 MAITLAND AVE.

City
ALTAMONT SPRINGS FL Zip Code
32701

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 *Lee Jay Colling*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-15-02

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

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PRESTON JONES 28944 HUBBARD ST # 41 LEESBURG, FLA. 34748 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ELSIE EAST 28944 HUBBARD ST # 32 LEESBURG, FLA. 34748 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FORREST CASE 28944 HUBBARD ST. #119 LEESBURG, FLA. 34748 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DVANE DESNOYERS 28944 HUBBARD ST # 82 LEESBURG, FLA. 34748 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: *George Thomas Wilhelm* **GEORGE THOMAS WILHELM** **1-11-02** **352 728 88 03**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)