

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

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90084 039 \*\*\*\*61.25

**DOCUMENT # N08787**

1. Entity Name  
**CYPRESS CREEK MOBILE HOMEOWNERS ASSOCIATION, INC**



Principal Place of Business  
**P.O. BOX 1681  
LEESBURG FL 34748**

Mailing Address  
**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**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LEE JAY, COLLINS  
682 MAITLAND  
PANAMA CITY FL 32401**

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 \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRESTON, JONES</b> <b>24944 HUBBARD ST STE 41</b> <b>LEESBURG FL 34748</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FORREST CASE</b> <b>28944 HUBBARD ST # 119</b> <b>LEESBURG, FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WYATT, TERRY</b> <b>28944 HUBBARD ST # 142</b> <b>LEESBURG FL 34748</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUANE DESNOYERS</b> <b>28944 HUBBARD ST # 82</b> <b>LEESBURG, FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ELISIE, EAST</b> <b>28844 HUBBARD STREET STE 32</b> <b>LEESBURG FL 34798</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CECILE LOUETT</b> <b>28944 HUBBARD ST # 36</b> <b>LEESBURG, FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WILHELM, THOMAS G</b> <b>28944 HUBBARD ST #111</b> <b>LEESBURG FL 34748</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVE SJOLUND # 91</b> <b>28944 HUBBARD ST</b> <b>LEESBURG, FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COBERLY, WILLIAM</b> <b>28944 HUBBARD ST #112</b> <b>LEESBURG FL 34748</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TERRY CANNON # 115 115</b> <b>28944 HUBBARD ST</b> <b>LEESBURG FL 34748</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, PRESTON</b> <b>28944 HUBBARD ST #41</b> <b>LEESBURG FL 34748</b>	TITLE 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: *George Thomas Wilhelm* **GEORGE THOMAS WILHELM 1-21-03 352-738-9302**

CR2E037 (10/02)