

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90178 048 \*\*\*\*\*61.25

**DOCUMENT # N09618**

1. Entity Name

**THE HOMEOWNER'S ASSOCIATION OF CYPRESS COVE, INC**



Principal Place of Business

P.O. BOX 933  
LUTZ FL 33549

Mailing Address

P.O. BOX 933  
LUTZ FL 33549

**70014203**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2936085**

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

**KIRKPATRICK, MELISSA**  
**21631 TEAL COURT**  
**LUTZ FL 33549**

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 PD ☐ Delete  
NAME TYLER, CHERYL  
STREET ADDRESS 1634 OSPREY LANE  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☒ Addition  
NAME **Melissa Van Schaik**  
STREET ADDRESS **1524 Osprey Lane**  
CITY-ST-ZIP **Lutz, FL 33549**

TITLE TD ☐ Delete  
NAME KIRKPATRICK, MELISSA  
STREET ADDRESS 21631 TEAL CT.  
CITY-ST-ZIP LUTZ FL 33549

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

TITLE SD ☐ Delete  
NAME DOOLEY, BRENDA  
STREET ADDRESS 21626 TEAL CT.  
CITY-ST-ZIP LUTZ FL 33549

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

TITLE V ☒ Delete  
NAME WOODCOCK, LEE ANN  
STREET ADDRESS 1808 OSPREY LANE  
CITY-ST-ZIP LUTZ FL 33549

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Melissa Kirkpatrick 1/22/03 (83)949-8250**

CR2E037 (10/02)