

2002 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-19-2002 90114 034 ****61.25

DOCUMENT # N15610

1. Entity Name

THE LANDINGS ON CYPRESS GREENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1 TREASURER
1 NW 94TH AVE
TAMARAC FL 33321

Mailing Address

C/O TREASURER
6000 NW 94TH AVE
TAMARAC FL 33321

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 **59-2773626**

Applied For

Not Applicable

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

PAGE, JERRY
6153 NW 91ST AVENUE
TAMARAC FL 33321

Name

Heywood BROAD

Street Address (P.O. Box Number is Not Acceptable)

6145 N.W. 91st Avenue

TAMARAC FL 33321

City

TAMARAC

FL

Zip Code

33321

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 **TD** ☒ Delete
NAME **SWALLS, CHRISTIANE**
STREET ADDRESS **9215 NW 61ST ST**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **TREASURER TD** ☒ Change ☐ Addition
NAME **KOLLETT, Marian**
STREET ADDRESS **9259 N.W. 61st Street**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **VP** ☒ Delete
NAME **INOVISI, FRANK**
STREET ADDRESS **9260 NW 60TH STREET**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VICE PRESIDENT VP** ☒ Change ☐ Addition
NAME **Jerry, PAGE**
STREET ADDRESS **6153 N.W. 91st Ave.**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **SD** ☒ Delete
NAME **EMERT, SUSAN**
STREET ADDRESS **9255 NW 61ST STREET**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **SECRETARY SD** ☒ Change ☐ Addition
NAME **CRAWFORD, Lavena**
STREET ADDRESS **6041 N.W. 91st Way**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **PD** ☒ Delete
NAME **PAGE, JERRY**
STREET ADDRESS **6155 NW 91ST AVENUE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **PRESIDENT PD** ☒ Change ☐ Addition
NAME **BROAD, Heywood**
STREET ADDRESS **6145 N.W. 91st Ave.**
CITY-ST-ZIP **TAMARAC, FL 33321**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)