

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90068 003 ****61.25

DOCUMENT # N15610

1. Entity Name

THE LANDINGS ON CYPRESS GREENS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**C/O TREASURER
6000 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



☐ CHECK HERE IF MAKING CHANGES

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
6145 N.W. 91 ST AVE
TAMARAC FL 33321**

Name

MARIAN J. KOLLET

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

6000 NW 94 AVE

TAMARAC

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marian J. Kollet *Marian J. Kollet, Treasurer*

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	TD KOLLETT, MARIAN 9259 N.W. 61ST STREET TAMARAC FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAGE, JERRY 6153 N.W. 91ST STREET TAMARAC FL 33321	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE AN TW 6000 NW 91 ST WAY TAMARAC	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRAWFORD, LAVENA 6041 N.W. 91ST WAY TAMARAC FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROAD, HEYWOOD 6145 N.W. 91ST AVE TAMARAC FL 33321	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISABELL LAYER 6090 NW 90 ST AVE TAMARAC	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

INSIGNATURE REGISTERED

954-722-7253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)