

2002 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
Jun 03, 2002 8:00 am
Secretary of State

04-30-2002 90214 017 ****61.25

DOCUMENT # N18007

1. Entity Name

LAKEWOOD CYPRESS PROPERTY OWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

**302 LEE BLVD, SUITE 101
 LEHIGH ACRES FL 33936**

**302 LEE BLVD, SUITE 101
 LEHIGH ACRES FL 33936**

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

59-1439383

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

**MORGAN, JOHN E.
 302 LEE BLVD, SUITE 101
 LEHIGH ACRES FL 33936**

Name

John M. Morgan

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

302 Lee Blvd Ste 102

City

Lehigh Acres

FL

Zip Code

33936

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)

4-10-02

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 ☐ Delete
 NAME **D POWELL, HARRY C. JR.**
 STREET ADDRESS **302 LEE BLVD, STE 101**
 CITY-ST-ZIP **LEHIGH ACRES FL**

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

TITLE ☒ Delete
 NAME **PD MORGAN, JOHN E.**
 STREET ADDRESS **302 LEE BLVD, STE 101**
 CITY-ST-ZIP **LEHIGH ACRES FL**

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

TITLE ☐ Delete
 NAME **D MORGAN, MICHAEL**
 STREET ADDRESS **302 LEE BLVD, STE 101**
 CITY-ST-ZIP **LEHIGH ACRES FL**

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

TITLE ☐ Delete
 NAME **D William W. Merrill**
 STREET ADDRESS **302 Lee Blvd Ste 101**
 CITY-ST-ZIP **Lehigh Acres, FL**

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:

SIGNATURE REQUIRED

4-10-02 941-368-6644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)