

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21922

1. Entity Name

CYPRESS LAKES ESTATES HOMEOWNERS ASSOCIATION, INC.
C.

Principal Place of Business

Mailing Address

2997 POST ROCK COURT
TARPON SPRINGS FL 34689

P.O. BOX 2663
TARPON SPRINGS FL 34689
US

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

59-2895146

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

RODRIGUEZ, RAY
2997 POST ROCK COURT
TARPON SPRINGS FL 34689

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.

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	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RAY	
STREET ADDRESS	2997 POST ROCK CT.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROPES, ALAN	
STREET ADDRESS	715 CYPRESS LAKES BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PAPADAKIS, SANDRA	
STREET ADDRESS	2963 POST ROCK DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TIDWELL, ED	
STREET ADDRESS	2863 POST ROCK DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COOPER, LORI	
STREET ADDRESS	884 CYPRESS LAKES BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DAVE	
STREET ADDRESS	938 CYPRESS LAKES BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 (727)934-8242

Date

Daytime Phone #

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90398 009 ****61.25

0011006



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)