

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90188 004 \*\*\*\*61.25

**DOCUMENT # N21922**

1. Entity Name

**CYPRESS LAKES ESTATES HOMEOWNERS ASSOCIATION, IN  
C.**



Principal Place of Business

**2997 POST ROCK COURT  
TARPON SPRINGS FL 34689**

Mailing Address

**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. 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	<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	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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: *Lori Cooper* **RECORDED** *Cooper*

*4-21-03 (725) 934-8242*

CR2E037 (10/02)