2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # N25992** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name BENT CYPRESS HOMEOWNERS ASSOCIATION, INC. 04-11-2000 90238 028 ****70.00 Principal Place of Business Mailing Address 12785-C FREST AILL BLVD 12785-C FOREST HILLS BLVD WELLINGTON WELLINGTON FL 33414 3. Mailing Address 2. Principal Place of Business POLO CLUB ROAD CLUB ROAD POLO 11199 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number FL 65-0096876 WELLING-TON Not Applicable WELLINGTON Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAII NEWS DIME, JOHN 12785 -Ò FOREST HILL BLVD WELLINGTON FL 33414 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME GALLE, CRAIG STREET ADDRESS STREET ADDRESS 11809 POLO CLUB RD CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Change ☐ Addition DVP Delete TITLE NAME O'CONNER, TIM NAME Polo Club RD LINGUA FL33414 STREET ADDRESS STREET ADDRESS 11809 POLO CLUB ROAD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 Change TITLE --D- ~ ~~ ~ ☐ Delete TITLE Addition JACK WEISH NAME WELH, JACK NAME STREET ADDRESS 11809 POLO CLUB ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP wellingtton fl ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CiTY-ST-7IP 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 eath; 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.

REEMAIL T. GALLE