

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State
 05-25-2001 90294 020 ****61.25

DOCUMENT # N26107
1. Entity Name
 Cypress Lake at Winston Park
 Homeowners' Association, Inc

Principal Place of Business **Mailing Address**

2. Principal Place of Business 5000 NW 54 St
3. Mailing Address 2085 University Dr
 Suite, Apt. #, etc.

City & State Coconut Creek, FL **City & State** Coral Springs, FL
Zip 33073 **Country** US **Zip** 33071 **Country** US

4. FEI Number 65-0069703 **Applied For**
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Kaye & Roger, PA
 6261 NW 6 Way Ste 103
 Ft Lauderdale, FL 33309

7. Name and Address of New Registered Agent
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** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to: Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	Munoz, Rita	
STREET ADDRESS	5511 NW 50 Ave	
CITY-ST-ZIP	Coconut Crk, FL 33073	
TITLE	VP/D	☐ Delete
NAME	Violandi, Carmen	
STREET ADDRESS	5120 NW 54 St	
CITY-ST-ZIP	Coconut Crk, FL 33073	
TITLE	TD	☐ Delete
NAME	Ward, Kristie	
STREET ADDRESS	5551 NW 50 Ave	
CITY-ST-ZIP	Coconut Crk, FL 33073	
TITLE	D	☐ Delete
NAME	DeLayo, Michael	
STREET ADDRESS	5501 NW 49 Way	
CITY-ST-ZIP	Coconut Crk, FL 33073	
TITLE	D	☐ Delete
NAME	Augello, Bruce	
STREET ADDRESS	5051 NW 54 St	
CITY-ST-ZIP	Coconut Crk, FL 33073	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 Kristie A Ward, Inc. **3/15/01** **954-920-0300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E037 (11/00)