

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91156 017 \*\*\*\*61.25

**DOCUMENT # N38596**

1. Entity Name

**CYPRESS COVE OF JUPITER HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~725 N A1A~~  
~~C-110~~  
~~JUPITER FL 33477~~  
~~US~~

~~725 N A1A~~  
~~C-110~~  
~~JUPITER FL 33477~~  
~~US~~

2. Principal Place of Business

**1930 Commerce La**

3. Mailing Address

**1930 Commerce La**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#1**

**#1**

City & State

**Jupiter, FL**

City & State

**Jupiter, FL**

Zip

Country

Zip

Country

**33458**

**US**

**33458**

**US**

4. FEI Number

**65-0228334**

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

Name

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

City

**FL**

Zip Code

**EVINE, JAY STEVEN**  
**EVINE, FRANK & EDGAR PA.**  
**3300 PGA BLVD, SUITE 500**  
**PALM BEACH GARDENS FL 33410**

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 checked="" type="checkbox"/> Delete |
| NAME           | MADEY, JOHN              |                                            |
| STREET ADDRESS | 6755 CYPRESS COVE CIRCL  |                                            |
| CITY-ST-ZIP    | JUPITER FL 33458         |                                            |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | MCNABOE, DENISE          |                                            |
| STREET ADDRESS | 6846 CYPRESS COVE CIRCLE |                                            |
| CITY-ST-ZIP    | JUPITER FL 33458         |                                            |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | KAMINSKY, NORMA          |                                            |
| STREET ADDRESS | 6905 CYPRESS COVE CIRCLE |                                            |
| CITY-ST-ZIP    | JUPITER FL 33458         |                                            |
| TITLE          | DVP                      | <input checked="" type="checkbox"/> Delete |
| NAME           | RICH, MARILYN            |                                            |
| STREET ADDRESS | 19177 TAMARA LANE        |                                            |
| CITY-ST-ZIP    | JUPITER FL 33458         |                                            |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |                                            |
| STREET ADDRESS |                          |                                            |
| CITY-ST-ZIP    |                          |                                            |

|                |                       |                                                                              |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE          | PD -                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Chris Pfeiffer        |                                                                              |
| STREET ADDRESS | 16171 TAMARA LG       |                                                                              |
| CITY-ST-ZIP    | JUPITER, FL 33458     |                                                                              |
| TITLE          | DT                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jeffrey George        |                                                                              |
| STREET ADDRESS | 6882 Cypress Cove Cr. |                                                                              |
| CITY-ST-ZIP    | Jupiter, FL 33458     |                                                                              |
| TITLE          | DS                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Karen Turiano         |                                                                              |
| STREET ADDRESS | 6985 Cypress Cove Cr  |                                                                              |
| CITY-ST-ZIP    | Jupiter, FL 33458     |                                                                              |
| TITLE          | D                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Donna Lee Pagel       |                                                                              |
| STREET ADDRESS | 6917 CYPRESS COVE CR  |                                                                              |
| CITY-ST-ZIP    | JUPITER, FL 33458     |                                                                              |
| 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    |                       |                                                                              |

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**561-743-6608**

CR2E037 (9/01)