

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90082 002 ****61.25

DOCUMENT # N93000003127

1. Entity Name

CYPRESS HOLLOW ASSOCIATION, INC.

Principal Place of Business

951 BROKEN SOUND PKWY., SUITE 250
 BOCA RATON FL 33487

Mailing Address

951 BROKEN SOUND PKWY., SUITE 250
 BOCA RATON FL 33487-3506

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0264712

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMMUNITY ASSOCIATION SERVICES, INC.
951 BROKEN SOUND PWY
SUITE 250
BOCA RATON FL 33487

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BRAY, EVERETT	
STREET ADDRESS	6428 NW 52 COURT	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MIRSKY, KEN	
STREET ADDRESS	6501 NW 54TH COURT	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	B. VPD	<input type="checkbox"/> Delete
NAME	WILLIAMS, NORBERT	
STREET ADDRESS	5400 NW 64TH TERRACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	R	<input type="checkbox"/> Delete
NAME	MAHERAS, GEORGE	
STREET ADDRESS	5109 NW 68TH AVE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINSLOW, NANCY	
STREET ADDRESS	6517 NW 54TH CT	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2ND VPD	<input checked="" 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: _____

SIGNED: MANDUQUARED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/3/00 561-994-1288

CR2F037 (9/00)