

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002765

1. Entity Name

CYPRESS LANDING OF ORANGE COUNTY HOMEOWNERS' ASS

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90007 043 ****61.25

Principal Place of Business Mailing Address
190 NORTH WESTMONTE DRIVE #100 190 NORTH WESTMONTE DRIVE #100
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-3342
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

4. FEI Number 59-3295183 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
CAMPBELL, MARILYN C
190 N WESTMONTE DR STE 100
ALTAMONTE SPRINGS FL 32714
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
Trust Fund Contribution. ☐ Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARTON, DENISE 3907 WINDING LAKE CIR ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRUPOFF, PHILIP 8130 BELSHIRE DRIVE ORLANDO FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HULCHER, RAYMOND 3865 WINDING LAKE CIR ORLANDO FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAN ANDERSON 3631 WINDING LAKE CIRCLE ORLANDO FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMSON, KIM 3697 WINDING LAKE CIR ORLANDO FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREG RENTON 3608 BEECH TREE DRIVE ORLANDO FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAFFICH, RICHARD 3660 WINDING LAKE CIR ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIAN FORBES 3388 BELLINGTON DRIVE ORLANDO FL 32835-2686 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUPOFF, SHARRY 8130 BELSHIRE DR ORLANDO FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORINKS, JEFFREY 3617 BELLINGTON DR ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DENISE C PARTON (407) 285-3132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)