

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90897 009 ****61.25

DOCUMENT # N94000002765

1. Entity Name

CYPRESS LANDING OF ORANGE COUNTY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1350 ORANGE AVE.
 SUITE 100
 WINTER PARK FL 32789
 US**

**P.O. BOX 1208
 WINTER PARK FL 32790
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**PHILLIPS, ROGER V
 ATTWOOD-PHILLIPS INC.
 1350 ORANGE AVE., STE. 100
 WINTER PARK FL 32789**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **KRUPOFF, PHIL**
 STREET ADDRESS **8130 BELSHIRE DR.**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **Gilda Dewayne** ☐ Change ☒ Addition
 NAME **3429 Bellington Drive**
 STREET ADDRESS **Orlando, FL 32835**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TAYLOR, ALLAN**
 STREET ADDRESS **3453 BELLINGTON DR.**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **PRESIDENT** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MILANO, MIKE**
 STREET ADDRESS **3504 BELLINGTON DR.**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **Heitker, Sheri** ☐ Change ☐ Addition
 NAME **3569 Bellington Dr**
 STREET ADDRESS **Orlando FL 32835**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **RENTON, GARY**
 STREET ADDRESS **3608 BEECH TREE DR.**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **Renton, GREGORY** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HAMEZ, PAUL**
 STREET ADDRESS **3835 WINDING LAKE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **Hamel, Paul** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **ALDIR, RUDY**
 STREET ADDRESS **8143 BELSHIRE DR.**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **Therriague, Janice** ☐ Change ☐ Addition
 NAME **3673 Winding Lake Cir**
 STREET ADDRESS **Orlando FL 32835**
 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 of Phil Krupoff

3/9/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)