2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90132 012 ****61.25

DOCUMENT # N95000000651

1. Entity Name

THE CYPRESS COVE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
125 N. RIDGEWOOD AVE. 2ND FLR DAYTONA BEACH FL 32114	125 N. RIDGEWOOD AVE. 2ND FLR DAYTONA BEACH FL 32114

CU044439

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
125 N. Ridgewood Ave.	P. O. Box 291454
Suite, Apt. #, etc.: c/o Ranger Const. Ind.	Suite, Apt. #, etc.
City & State: Daytona Beach, FL	City & State: Port Orange, FL
Zip: 32114 Country: USA	Zip: 32129 Country: USA

4. FEI Number 59-3042290 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARTLETT, LAURENCE H
125 N. RIDGEWOOD AVE.
2ND FLR
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name: David Martin
Street Address (P.O. Box Number is Not Acceptable): c/o Ranger Const. Ind.
125 N. Ridgewood Avenue
City: Daytona Beach **FL** Zip Code: 32114

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: Da-OMarti 04-04-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
David Martin

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D POUNTAIN, RICHARD 855 CHICKADEE DRIVE PORT ORANGE FL 32127	☒ Delete	(D) CARIDI, LEEANN 868 Chickadee Drive Port Orange, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOODRICH, BOB 880 CHICKADEE DRIVE PORT ORANGE FL 32127	☐ Delete	(D) GOODRICH, BOB 880 Chickadee Drive Port Orange, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NOFTALL, MARIAN 857 CHICKADEE DRIVE PORT ORANGE FL 32127	☐ Delete	MENDEZ, IRIS (D) 861 Chickadee Drive Port Orange, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD DELL, NEIL 856 CHICKADEE DRIVE PORT ORANGE FL 32127	☐ Delete	(T) HILLARD, RAY 924 Chickadee Drive Port Orange, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STOEKEL, ROBERT 837 CHICKADEE DRIVE PORT ORANGE FL 32127	☐ Delete	(P) MARTIN, DAVID 882 Chickadee Drive Port Orange, FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRK, MARGARET 802 MOCKINGBIRD DRIVE PORT ORANGE FL 32127	☒ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

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: REQUIRED 04-04-01 (386) 767-0960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #