

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90501 001 \*\*\*122.50

**DOCUMENT # N96000003075**

1. Entity Name

**CYPRESS LINKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**24301 WALDEN CENTER DRIVE  
 SUITE 300  
 BONITA SPRINGS FL 34134  
 US**

Mailing Address

**24301 WALDEN CENTER DRIVE  
 SUITE 300  
 BONITA SPRINGS FL 34134  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3420323**

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

**HASTINGS, VIVIEN N  
 24301 WALDEN CENTER DRIVE  
 SUITE 300  
 BONITA SPRINGS FL 34134**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	HAYDEN, KENNETH W	24301 WALDEN CENTER DRIVE	BONITA SPRINGS FL 34314	<input type="checkbox"/>
DVP	ANDERSON, BRIAN	24301 WALDEN CENTER DRIVE	BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/>
DS	TRAVIS, DUSTIN	24301 WALDEN CENTER DRIVE	BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/>
T	ADELMAN, STEVEN C	24301 WALDEN CENTER DRIVE	BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/>
D	ERICK, STEVE	20101 WILDCAT RUN DRIVE	ESTERO FL 33928	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DVP	Gislason, Rob	24301 Walden Center Dr.	Bonita Springs, FL 34134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DST	Wolf, Scott	24301 Walden Center Dr	Bonita Springs, FL 34134	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)