

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90049 031 ****61.25

DOCUMENT # N97000005700

1. Entity Name

CYPRESS WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7020 JASMINE AVENUE
 COCOA FL 32927

7020 JASMINE AVENUE
 COCOA FL 32927-3013

2. Principal Place of Business

4900 FAY BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCOA, FL

City & State

4. FEI Number

59-3496835

Applied For

Not Applicable

Zip

Country

Zip

Country

32927 U.S.

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

BEYER, RICHARD E JR
7020 JASMINE AVE
COCOA FL 32927

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	<input type="checkbox"/> Delete
NAME	BEYER, RICHARD E JR	
STREET ADDRESS	7020 JASMINE AVE.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEYER, MARY S	
STREET ADDRESS	7020 JASMINE AVE.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRONICK, NORMAN M	
STREET ADDRESS	2501 GRAVEL DRIVE	
CITY-ST-ZIP	FT WORTH TX 76118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARY S BEYER DIRECTOR**

1/27/2K 407-632-718