

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90008 024 \*\*\*\*61.25

**DOCUMENT # N97000005700**

1. Entity Name

**CYPRESS WOODS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

4900 FAY BLVD  
 COCOA FL 32927

Mailing Address

7020 JASMINE AVENUE  
 COCOA FL 32927

2. Principal Place of Business

3. Mailing Address

4900 FAY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 COCOA, FL

4. FEI Number

59-3496835

Applied For

Not Applicable

Zip

Country

Zip  
 32927

Country  
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEYER, RICHARD E JR  
 7020 JASMINE AVE  
 COCOA FL 32927

7. Name and Address of New Registered Agent

Name BEYER, RICHARD E JR

Street Address (P.O. Box Number is Not Acceptable)  
 4900 FAY BLVD.

City COCOA

FL

Zip Code 32927

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

DIR RICHARD E. BEYER, JR., DIR

8/22/01

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**  
**After September 12, 2001, min. will be \$236.25**

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

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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, RICHARD E JR	
STREET ADDRESS	4900 FAY BLVD.	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, MARY S	
STREET ADDRESS	4900 FAY BLVD.	
CITY-ST-ZIP	COCOA, FL 32927	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED. RICHARD E. BEYER, JR., DIR

8/22/01  
 321-632-7189

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CR2E037 (5/01)