

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90065 049 ****61.25

DOCUMENT # N97000005700

1. Entity Name

CYPRESS WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~4900 FAY BLVD
 COCOA FL 32927~~

~~4900 FAY BLVD
 COCOA FL 32927~~

2. Principal Place of Business

3. Mailing Address

516 Delannoy Ave
 Cocoa, FL 32922

PO Box 3767
 Cocoa, FL 32924-3767



DO NOT WRITE IN THIS SPACE

City & State

4. FEI Number **59-3496835**

Applied For
 Not Applicable

Zip Country

Zip Country

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
4900 FAY BLVD
COCOA FL 32927

Kirschenbaum, Malcolm R
516 Delannoy Ave
Cocoa, FL 32922

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	4900 FAY BLVD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEYER, MARY S	
STREET ADDRESS	4900 FAY BLVD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input checked="" 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	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell A White	
STREET ADDRESS	17462 Bumelia Dr.	
CITY-ST-ZIP	Cocoa FL 32927	
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]* **REGISTERED AGENT REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/14/02** Daytime Phone #: **321-632-7189**

CR2E037 (9/01)