


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90146 020 ****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 **PO Box 3767**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Cocoa, FL **Cocoa, FL**

Zip Country Zip Country

32922 **USA** **3767** **USA**

4. FEI Number **59-3496835** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BEYER, RICHARD E JR
4900 FAY BLVD
COCOA FL 32927**

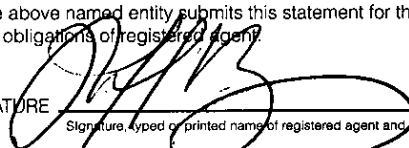
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
516 DELANNOY AVE

City **Cocoa** FL Zip Code **32922**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/8/03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS	
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 type="checkbox"/> Delete
NAME	WHITE A, RUSSELL
STREET ADDRESS	7462 BUMELIA DR
CITY-ST-ZIP	COCOA FL 32927
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	516 DELANNOY AVE
CITY-ST-ZIP	COCOA FL 32922
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	516 DELANNOY AVE
CITY-ST-ZIP	COCOA FL 32922
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**

4/8/03 301-403-6701

CR2E037 (10/02)