2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90112 045 ****61.25

DOCUMENT # N97000006372

1. Entity Name

CYPRESS GLEN I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~3225 CYPRESS GLEN WAY # 113 NAPLES FL 34109~~	~~3225 CYPRESS GLEN WAY # 113 NAPLES FL 34109-3806~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2073 J+C BLVD.	P.O. Box 110339
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL.	City & State: NAPLES, FL.
Zip: 34109 Country: US	Zip: 34108 Country: US

4. FEI Number 59-3490782 ☐ 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
ASHLEY, REX N 1044 CASTELLO DRIVE # 106 NAPLES FL 34109	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	DP DIAKOS, SYLVIA 3225 CYPRESS GLEN WAY # 116 NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DV~~ ~~GARDNER, THOMAS~~ ~~3225 CYPRESS GLEN WAY # 113~~ ~~NAPLES FL 34109~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,VP WEBB, ART 3225 CYPRESS GLEN WAY #106 NAPLES, FL. ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DT~~ ASHLEY, REX N 3225 CYPRESS GLEN WAY # 112 NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D,S,T ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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 SYLVIA DIAKOS (941) 592 6277 4/26/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #