

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001905

1. Entity Name

CYPRESS POINTE AT CARLTON LAKES COMMONS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90147 046 ****61.25

Principal Place of Business

Mailing Address

2405 PIPER BOULEVARD
NAPLES FL 34110

2405 PIPER BOULEVARD
NAPLES FL 34110-1387

2. Principal Place of Business

Property Management
Professionals of SW Florida
100 Vineyards Blvd.
Naples, FL 34109

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

FEI Number

59-3505313

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

SWALM & MURRELL, P.A.
2375 TAMiami TRAIL NORTH
SUITE 308
NAPLES FL 33940

Name

Property Management
Professionals of SW Florida
100 Vineyards Blvd.
Naples, FL 34109

Street

City

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 ☐ Delete
NAME D
STREET ADDRESS CLAUSSEN, CHRISTOPHER G
CITY-ST-ZIP 2405 PIPER BOULEVARD
NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS CLAUSSEN, ROBERT G
CITY-ST-ZIP 2405 PIPER BOULEVARD
NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS STERLING, JACK
CITY-ST-ZIP 2405 PIPER BOULEVARD
NAPLES FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 an officer like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christopher G. Claussen 4-28-00 941-596-9067