

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 22, 2001 8:00 am**
Secretary of State

02-22-2001 90123 016 ***61.25

C 3192

DOCUMENT # N98000006984

1. Entity Name

CYPRESS COVE II AT WILDCAT RUN CONDOMINIUM ASSOC

Principal Place of Business

**24301 WALDEN CENTER DRIVE STE. 300
BONITA SPRINGS FL 34134**

Mailing Address

**24301 WALDEN CENTER DRIVE STE. 300
BONITA SPRINGS FL 34134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3551968

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

HASTINGS, VIVEN N**24301 WALDEN CENTER DRIVE STE. 300
BONITA SPRINGS FL 34134**

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	DP	<input checked="" type="checkbox"/> Delete
NAME	KERPER, DIANE	
STREET ADDRESS	24301 WALDEN CENTER DRIVE STE. 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hayden, Kenneth	
STREET ADDRESS	24301 Walden Center Dr.	
CITY-ST-ZIP	Bonita Springs, FL 34134	

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HAYDEN, KENNETH W	
STREET ADDRESS	24301 WALDEN CENTER DRIVE STE. 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fisher, Susan	
STREET ADDRESS	24301 Walden Center Dr.	
CITY-ST-ZIP	Bonita Springs, FL 34134	

TITLE	DST	<input type="checkbox"/> Delete
NAME	TRAVIS, DUSTIN	
STREET ADDRESS	24301 WALDEN CENTER DRIVE STE. 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ERICK, STEVE	
STREET ADDRESS	20101 WILDCAT RUN DRIVE	
CITY-ST-ZIP	ESTERO FL 33928	

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

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)