

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N99000002159

1. Entity Name

CYPRESS ISLE NEIGHBORHOOD ASSOCIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

03-20-2000 90098 043 ****61.25

Principal Place of Business

11208 NW 10TH PLACE
CORAL SPRINGS FL 33071

Mailing Address:

11208 NW 10TH PLACE
CORAL SPRINGS FL 33071-5130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☐ Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 SCHULSON, DAVID H
 11208 NW 10TH PLACE
 CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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 CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

 Signature: *David H. Schulson* - DAVID H. SCHULSON 4/6/00

CR2ED37 (9/99)