

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name N99000002159

/Cypress Isle Neighborhood Association, Inc.

Principal Place of Business

Mailing Address

11208 NW 10 Pl.
Coral Springs, Fl. 33071

11208 NW 10 Pl.
Coral Springs, Fl. 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
09-10-01 90045 010 \$61.25

4. FEI Number

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

Schulson, David H.
11208 NW-10-Pl.
Coral Springs, Fl. 33071

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	P David H. Schulson 11208 NW 10 Pl. Coral Springs, Fl. 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holly Jones 1288 NW 11 Ct. Coral Springs, Fl. 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lloyd Rougier 1113 NW 111 Way Coral Springs, Fl. 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jane Hodes 11137 NW 10 Pl. Coral Springs, Fl. 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: David H. Schulson 11/26/01 954-201-6196

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 31 PM 3:46

CR2E037 (11/00)

Oct. 1, 2001

Florida Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

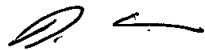
Re: Cypress Isle Neighborhood Association, Inc.
Ref. # N99000002159

Dear Sir/Madam:

Pursuant to a recent telephone conversation with a representative of the Division of Corporations, it is my understanding that a FEI number is not necessary if not applicable and not applied for.

I am enclosing copies of UBR reports dated March 15 and April 6, 2000 which reflect that I checked the box marked "not applicable" as to the FEI number on both UBR reports. Thus, please correct your records and process the UBR report submitted on or about August 31, 2001.

Sincerely,



David H. Schulson
President
Cypress Isle Neighborhood Association, Inc.