

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90004 024 ****61.25

DOCUMENT # N99000002159

1. Entity Name

CYPRESS ISLE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

11208 NW 10TH PLACE
 CORAL SPRINGS FL 33071

Mailing Address

11208 NW 10TH PLACE
 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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULSON, DAVID H
11208 NW 10TH PLACE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**After September 13, 2002,
 min. will be \$236.25.**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	SCHULSON, DAVID H	11208 NW 20 PLACE	CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete			
D	JONES, HOLLY	11288 NW 11 CT	CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete			
D	ROUGIER, LLOYD	1113 NW 11 LANE	CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete			
D	HODES, JANE	11137 NW 10 PL	CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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

9/9/02 954-831-7993

CR2E037 (4/02)