FILED
Jun 12, 2003 8:00 am
Secretary of State
06-12-2003 90359 001 ***450.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000112531

1. Entity Name
CYPRESS COVE ESTATES OF SW FL, INC.

55047996

[redacted]

Principal Place of Business	Mailing Address
8521 CYPRESS DR SOUTH FT. MYERS, FL 33912	8521 CYPRESS DR SOUTH FT. MYERS, FL 33912

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	31660 B Central Ave Suite, Apt. #, etc.
City & State	City & State: Ft Myers, FL
Zip / Country	Zip: 33901 / Country

4. FEI Number: 65-1157060 ☐ 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
MATLAND, RUDOLPH K 12996 S. CLEVELAND AVE., STE. 107 FT. MYERS, FL 33907	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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE with FEE IS $150.00
After 05/1 2003 Fee will be $550.00
Make Check Payable to: FL Dept. Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALLE, MORGAN 8521 CYPRESS DR SOUTH FT. MYERS, FL 33912	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DILES, SHARON L 8521 CYPRESS DR SOUTH FT. MYERS, FL 33912	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DILES, CREIGHTON C 8521 CYPRESS DR SOUTH FT. MYERS, FL 33912	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 607, 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] 6-6-03 (239) 482-3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #