

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90081 028 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N00000006162**

1. Entity Name  
**CYPRESS GARDENS OF FORT MYERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
~~3225 AVIATION AVE., 7TH FL.~~      ~~3225 AVIATION AVE., 7TH FL.~~  
~~COCONUT GROVE FL 33109~~      ~~COCONUT GROVE FL 33103~~

2. Principal Place of Business      3. Mailing Address  
**c/o Hinman Straub, P.C.**      **c/o Hinman Straub, P.C.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**121 State Street**      **121 State Street**

City & State      City & State  
**Albany, NY**      **Albany, NY**  
Zip      Country      Zip      Country  
**12207**      **USA**      **12207**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Num      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  
**KAMENESH, PETER Z -**      Name      **Bolanos-Truxton, P.A.**  
**3225 AVIATION AVE., 7TH FL.**      Street Address (P.O. Box Number is Not Acceptable)      **12800 University Drive**  
**COCONUT GROVE FL 33133**      Suite      **Suite 340**  
City      City      **Ft. Myers**      State      **FL**      Zip Code      **33907**

B. 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.  
Officer of  
**Bolanos Truxton, P.A.**  
SIGNATURE: *Greg Straub*      DATE: **4/30/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b> <b>RILEY, PATRICK J</b> <del>3225 AVIATION AVE., 7TH FL.</del> <del>COCONUT GROVE FL 33133</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>121 State Street</b> <b>Albany, NY 12207</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALDRICH, JOHN</b> <b>121 STATE ST.</b> <b>ALBANY NY 12207-1683</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RILEY, CHRISTINE C</b> <del>3225 AVIATION AVE., 7TH FL.</del> <del>COCONUT GROVE FL 33133</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>121 State Street</b> <b>Albany, NY 12207</b>
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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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*      *4/26/02*      *519-436-0751*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #