

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90117 027 ****61.25

DOCUMENT # N00000000590					
1. Entity Name CYPRESS POINT PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 50 CYPRESS POINT PKWY., STE 1A PALM COAST, FL 32164			Mailing Address 50 CYPRESS POINT PKWY., STE 1A PALM COAST, FL 32164		
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 59-3588767	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RINEK, CHARLES 50 CYPRESS POINT PKWY., STE 1A PALM COAST, FL 32164			Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 resigning)					
Filing Fee is \$61.25 Due by September 8, 2004		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 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PINEK, CHARLES 50 CYPRESS POINT PKWY., STE 1A PALM COAST, FL 32164	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCKIGHTS, GMETIC 50 CYPRESS POINT PKWY., STE B4 PALM COAST, FL 32164	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENDERSON, CRAIG 50 CYPRESS POINT PKWY., STE C3 PALM COAST, FL 32164	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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 my address, with all other like employees.					
SIGNATURE: _____ <i>7/2/04</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					