


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90177 022 ****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 - No P.O. Box #		3. Mailing Address P.O. Box 351234			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Palm Coast FL		4. FEI Number 59-3588767	
Zip		Zip 32135		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOKES, LEA A 109 S. 6TH ST FLAGLER BEACH, FL 32136			7. Name and Address of New Registered Agent Name <u>Christine + Christine</u> Street Address (P.O. Box Number is Not Acceptable) <u>28 Cordova Street</u> City <u>St. Augustine</u> FL <u>32084</u>		
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 <u>John Andrew Jackson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-25-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RINEK, CHARLES 50 CYPRESS POINT PKWY., STE 1A PALM COAST, FL 32164	<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	P DELGADO, LOU 50 CYPRESS POINT PKWY., STE B4 PALM COAST, FL 32164	<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	S HENDERSON, CRAIG 50 CYPRESS PT. PKWY., STE. C-1 PALM COAST, FL 32164	<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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/28/08</u> <u>384-447-000</u> <small>Daytime Phone #</small>		

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04252008 Chg-NP CR2E037 (12/06)