

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000590

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** CYPRESS POINT PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

50 CYPRESS POINT PKWY., STE 1A  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 351236  
PALM COAST, FL 32136

**New Mailing Address:**

P.O. BOX 351236  
PALM COAST, FL 32135

**FEI Number:** 59-3588767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHRISTINE & CHRISTINE, P.A.  
28 CORDOVA ST  
ST. AUGUSTINE, FL 32136 US

**Name and Address of New Registered Agent:**

CHRISTINE & CHRISTINE, P.A.  
28 CORDOVA ST  
ST. AUGUSTINE, FL 32084 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/18/2010

Date

**OFFICERS AND DIRECTORS:**

Title: V  
Name: RINEK, CHARLES  
Address: 50 CYPRESS POINT PKWY., STE 1A  
City-St-Zip: PALM COAST, FL 32164

Title: P  
Name: DELGADO, LOU  
Address: 2 FLORIDA PARK DR, SUITE B-4  
City-St-Zip: PALM COAST, FL 32137

Title: ST  
Name: HENDERSON, CRAIG  
Address: 50 CYPRESS PT. PKWY., STE. C-1  
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOU DELGADO

PRES

02/18/2010

Electronic Signature of Signing Officer or Director

Date