PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## 



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR -3 PM 12: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## DOCUMENT # N 39059

1. Corporation Name

Cypress Woods Association, Inc.

Principal Place of Business  c/o Custom Prope 2328 S. Cong Suite 2A		•		REIN	STATEME	'NT <i>QQ_</i> Y	
West Palm Be	each, Fl 334	06		J		The second of the second	
If above addresses are incorrect in an				05/10/90	790011012#7	10,00	
Same		New Mailing Office Address, If Applicable     Same		4. Date Incorp	4. Date Incorporated or Qualified To Do Business in Florida July: 9, 1990		
Suite, Apt. #, etc.	Suite, Apt.	#, etc.		5. FEI Numbe			
City & State	City & State	)		65-	-0299532	Applied For Not Applicab	
Zip Country	Zip	Coun	try	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fee requi	
7. Names and Street Addresses of Each	Officer and/or Director (FI	orida nonprofit corpo	rations must list at	least 3 directors)			
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		tor	Ders) 4 City / State / Zip		
P_D Walter P. Kap	oustein	600 W. H	lillsboro E	31vd. #101	Deerfield Bo	ch, Fl <sub>s.</sub> 33441	
T-D Michael D. Go	lieb	600 W. H	lillsboro B	31vd. #101	Deerfield Bo	ch, F1 33441	
S-D Ronald L. Pla	ıtt	600 W. H	illsboro B	31vd. #101	Deerfield Bo	ch, F1 33441	
				90	0003244 -05/09/000 *****227.50	9697 11090001 *****227.50	
8. Name and Address	of Current Registered Age			Q Name and A	edelenan ad Name David		
			Name	9. Name and A	ddress of New Registered	d Agent	
				vid W. Bro			
	•		ſ	P.O. Box Number in 128 S. Cong	,,		
			Suite, Apt. #, Etc	<b>5</b> ,	tess ave.		
			City	ite 2A			
10. I, being appointed the registered ager	if of the above named corpo	ration, am familiar wi	م[ب]	st Palm Be	each Fl		
Signature of Aegistered Agent Agent	REGISTERED AGI				Date 3-29-2	2000	
<ol> <li>This corporation own Intangible Personal</li> </ol>	es the current ye	ear	Yes		(See other si on inta	ide for information angible tax.)	
I certify that I am an officer or director this reinstatement application, the reas owed by the corporation have been pa on this application is true and accurate	id and the names of individu	ials listed on this for	nate name satisties	the requirements o			

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

WALTER P KAPVITEIN

3-23-00

954-426-9999

Date

Daytime Phone #