

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90291 021 ****61.25

DOCUMENT # N48636

1. Entity Name

**THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**8651 TREASURE CAY LANE
ORLANDO, FL 32836**

Mailing Address
**P.O. BOX 540669
MERRITT ISLAND, FL 32954-0669 US**

50050780



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05042005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3141099

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BECKER & POLIAKOFF, P.A.
ATTN: C JOHN CHRISTENSEN
2500 MAITLAND CENTER PARKWAY, SUITE 209
MAITLAND, FL 32751**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$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 **D** ☒ Delete
NAME **MUNIZ, JAMES**
STREET ADDRESS **8317 LAKE BRYAN BEACH BLVD.**
CITY-ST-ZIP **ORLANDO, FL 32821**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **WILKS, DON**
STREET ADDRESS **8651 TREASURE CAY LANE**
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **THIMES, CHRIS**
STREET ADDRESS **38 MYRTLE AVENUE**
CITY-ST-ZIP **LEBANON, NJ 08833**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **CHASE, JOHN**
STREET ADDRESS **12 MARILYN DR**
CITY-ST-ZIP **ROCHESTER, NY 14626**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **OWEN, RALPH**
STREET ADDRESS **3317 HWY 63**
CITY-ST-ZIP **BLOOMFIELD, IA 52537**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ALIPERTI, MICHAEL**
STREET ADDRESS **13 NORTH LANE**
CITY-ST-ZIP **LOUDONVILLE, NY 12211**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #