## Lack 2007 NOT-FOR-PROFIT CORPORATION -**ANNUAL REPORT**

## **FILED** Jun 12, 2007 8:00 am Secretary of State

04-30-2007 90840 026 \*\*\*\*61.25

**DOCUMENT # N48636** 

1. Entity Name
THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

	DRLANDO, FL 32836			MERRITT ISLAND, FL 32954-0669 US			66018809					
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2. Principal Place of Business - No P.O. Box #			3. Mai	3. Mailing Address								
Suite, Apt.	. #, etc.		Su	Suite, Apt. #, etc.			03282007	Chg-NP	CR2E	037 (12/06)		
City & State			Cit	City & State			4. FEI Numbe 59-314			<del></del>	oplied For	
Žip	Žip Country				Country	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name	and Address of Curren	nt Registere	d Agent			7. Name and	Address of New	Registered	Agent		
	2 2011014				Name							
BECKER &		OFF, P.A. RISTENSEN			Street	Address (	P.O. Box Numbe	r is Not Acceptab	ole)			
		NTER PARKWAY,	SUITE 20	TE 209		Street Address (P.O. Box Number is Not Acceptable)						
MAITLANI		•										
								·=	F	L Zip Cod	e	
		y submits this statement	for the purp	ose of changing its re	egistered office	or register	ed agent, or both	h, in the State of F	lorida. I an	n tamiliar with,	and accept	
the obligat	tions of regist	ered agent.										
SIGNATURE		or printed name of registered ager	mi and litle if app	incable (NOTE:	Registered Agent sign	ature required	(when reinstaling)	·	DATE			
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Filing Fee is \$61.25			1	9. Election Campaign F				, i			^	
	_						\$5.00 May Be	<del>-</del> 1		ck payable t		
: !	_	lay 1, 2007		9. Election Camp Trust Fund Co	ontribution.		Added to Fees	Fío	orida Depa	ertment of S	tate	
10.	Due by M		PIRECTORS	Trust Fund Co	ntribution.		Added to Fees	<del>-</del> 1	orida Depa	OIRECTORS IN	1 10	
TITLE	Due by N	OFFICERS AND D	VIRECTORS		11.		Added to Fees	Fío	orida Depa	ertment of S	tate	
	SD WILKS, D	OFFICERS AND D	DIRECTORS	Trust Fund Co	ntribution.		Added to Fees	Fío	orida Depa	OIRECTORS IN	1 10	
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12. Thereby 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: 🌙	on Alles	DON WILKS	50	5/22/07	
	ATURE AND TYPED OR PRINTED NAM	HE OF SIGNING OFFICER OR DIRECTOR.		Date -	Dayome Phone #