2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48636

FILED Apr 23, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

8651 TREASURE CAY LANE ORLANDO, FL 32836

Current Mailing Address: New Mailing Address:

P.O. BOX 540669

MERRITT ISLAND, FL 329540669 US

FEI Number: 59-3141099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331 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 Date

OFFICERS AND DIRECTORS:

Title: SD

Name: WILKS, DON

Address: 8651 TREASURE CAY LN City-St-Zip: ORLANDO, FL 32836

Title:

Name: THIMES, CHRISTOPHER
Address: 8651 TREASURE CAY LANE
City-St-Zip: ORLANDO, FL 32836

Title: PD

Name: CHASE, JOHN

Address: 8651 TREASURE CAY LANE
City-St-Zip: ORLANDO, FL 32836

Title: VPD

Name: OWEN, RALPH

Address: 8651 TREASURE CAY LANE
City-St-Zip: ORLANDO, FL 32836

Title: D

 Name:
 ALIPERTI, MICHAEL

 Address:
 8651 TREASURE CAY LANE

 City-St-Zip:
 ORLANDO, FL 32836

Title: T0

 Name:
 SCHWARTZ, STUART

 Address:
 8651 TREASURE CAY LANE

 City-St-Zip:
 ORLANDO, FL 32836

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: DON WILKS SD 04/23/2010