

Division of Corporations

Page 1 of 1

N48636

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H14000003085 3))



H140000030853ABCV

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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.  
Account Number : I200000000003  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA  
CONDOM

Certificate of Status	0
Certified Copy	0
Page Count	04
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*Handwritten signature and scribbles*

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA CONDOMINIUM ASSOCIATION, INC.

**DOCUMENT NUMBER:** N48636

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following.

**Scott E. Johnson, Esquire**

(Name of Contact Person)

**Moran Kidd Lyons Johnson & Berkson, P.A.**

(Firm/ Company)

**111 N. Orange Avenue, Suite 900**

(Address)

**Orlando, Florida 32801**

(City/ State and Zip Code)

**sjohnson@morankidd.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Scott E. Johnson, Esq**

(Name of Contact Person)

at **(407) 841-4141**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

850-617-6381

1/7/2014 11:48:33 AM PAGE 1/001 Fax Server



January 7, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA CONDOMINI  
8651 TREASURE CAY LANE  
ORLANDO, FL 32836

SUBJECT: THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA CONDOMINIUM  
ASSOCIATION, INC.  
REF: N48636

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

FAX Aud. #: H14000003085  
Letter Number: 914A00000330

RECEIVED  
14 JAN -8 AM 11:13  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

The Cypress Pointe Resort at Lake Buena Vista Condominium Association, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N48636

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* Scott E. Johnson, Esquire

111 N. Orange Avenue, Suite 900 Orlando, FL 32801

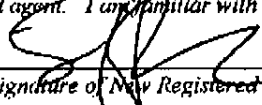
*(Florida street address)*

*New Registered Office Address:*

\_\_\_\_\_, Florida \_\_\_\_\_  
*(City) (Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, P'T as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____



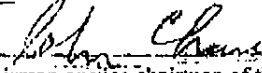
The date of each amendment(s) adoption: December 10, 2013, if other than the date this document was signed.

Effective date if applicable: December 10, 2013  
*(no more than 90 days after amendment file date)*

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated December 10, 2013

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

John Chase  
(Typed or printed name of person signing)

President/Director  
(Title of person signing)