## 2006 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

## 05-02-2006 90181 050 \*\*\*\*61.25 DOCUMENT # N94000000436 1. Entity Name THE CYPRESS PARK PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **622 E WASHINGTON STREET 622 E WASHINGTON STREET** SUITE 300 SUITE 300 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 CR2E037 (4/06) Cha-NP City & State City & State Applied For 4. FEI Number 59-3224018 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAN MEAD SERVICES, LLC 800 N MAGNOLIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1500** ORLANDO, FL 32803-2346 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 Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Fillng Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to П Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DVP Delete TITLE TITLE ☐ Change ☐ Addition NAME JACK, WILLIAM I NAME STREET ADDRESS 486 COURTYARD RD 170 STREET ADDRESS CITY-ST-ZIP WESTCLIFFE, CO 81252 CITY-ST-ZIP מ PRESIDENT TITLE □ Delete Change ☐ Addition TITLE WHITLEY, STEPHEN J WHITLEY, STEPHEN J NAME NAME 2400 LAKE ORANGE DR. SUITE 110 STREET ADDRESS 8256 EXCHANGE DR STE 234 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-7IP DRLANDO FL Delete TITLE TITLE ☐ Change ☐ Addition KUPP, KEN L NAME NAME STREET ADDRESS 390 N ORANGE AVE STE 1875 STREET ADDRESS ORLANDO, FL 32801 CITY-ST-ZIP CITY-ST-ZIP TELE Delete TITLE Change ☐ Addition SULLIVAN, MATTHEW E NAME NAME STREET ADDRESS 7001 LAKE ELLENOR DR #100 STREET ADDRESS ORLANDO, FL 32809 CITY-ST-ZIP CITY-ST-71P DIRECTOR TITLE **™** Delete TITLE ☐ Change Addition NICOLAS FIRTH SMITH, REBECCA NAME NAME 200 E. Randolph Drive STREET ADDRESS 3424 PEACHTREE RD NE #300 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30326 CITY-ST-ZIP

12. I hereby 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 accounts any 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.

STREET ADDRESS

CITY-ST-ZIP

mı £ NAME Chicago, EL

SIGNATURE: 2

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

**FILED** 

Secretary of State

May 02, 2006 8:00 am