


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

LS
208.08
08 FEB 27 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000436 1. Entity Name THE CYPRESS PARK PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 622 E WASHINGTON STREET SUITE 300 ORLANDO, FL 32801	Mailing Address 622 E WASHINGTON STREET SUITE 300 ORLANDO, FL 32801
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

REINSTATEMENT 0708

6. Name and Address of Current Registered Agent

DEAN MEAD SERVICES, LLC
 800 N MAGNOLIA AVENUE
 SUITE 1500
 ORLANDO, FL 32803-2346

4. FEI Number 59-3224018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P WHITLEY, STEPHEN J	<input type="checkbox"/> Delete
STREET ADDRESS	2400 LAKE ORANGE DR SUITE 110	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D FIRTH, NICHOLAS	<input type="checkbox"/> Delete
STREET ADDRESS	200 E RANDOLPH DRIVE	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	500118958155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	02/27/08--01043--013	**306.25
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 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: *S Whitley* 2/22/08 407-447-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #