


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

07 NOV 14 PM 12:11
KISSIMMEE, FLORIDA

DOCUMENT # N94000003199 1. Entity Name CYPRESS LAKE TOWNHOMES ASSOCIATION, INC.	
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Principal Place of Business % 2226 CYPRESS KNEE LOOP KISSIMMEE, FL 34743 US	Mailing Address % 2226 CYPRESS KNEE LOOP KISSIMMEE, FL 34743 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 475 W TOWN PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc. #100
City & State	City & State SAINT AUGUSTINE, FL
Zip	Zip 32092
Country	Country



4. FEI Number 65-0520017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOGUEIRAS, MAGALY F CAML WATSON REALTY CORP - 1663 E. VINE ST. SUITE 220 KISSIMMEE, FL, FL 34744	
7. Name and Address of New Registered Agent Name SEVERN TRENT SERVICES, INC. Street Address (P.O. Box Number Is Not Acceptable) 475 W TOWN PLACE, #100 City SAINT AUGUSTINE, FL Zip Code 32092	

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 *Sheli Moron as agent* DATE 9/26/07
Signature, typed or printed name of registered agent and c/o if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
 After January 1, 2008, Fee will be \$297.50

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEON, EDGARDO 2325 WATER VIEW LOOP KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM RAYEL 2347 WATER VIEW LOOP KISSIMMEE, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FISHER, STEPHEN 2184 CYPRESS BAY BLVD KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICARDO MARCOVICH 2323 WATER VIEW LOOP KISSIMMEE, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STY ROCIO, BEDOYA 2218 CYPRESS KNEE LOOP KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STY ANA VASQUEZ 2170 CYPRESS BAY BLVD KISSIMMEE, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCOVICH, RICARDO 2323 WATER VIEW LOOP KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARVAZQUEZ ALICEA 2362 WATER VIEW LOOP KISSIMMEE, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, TANYA 2234 CYPRESS KNEE LOOP KISSIMMEE, FL 34743 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZZA MACEDO 2112 CYPRESS BAY BLVD KISSIMMEE, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ricardo Marcovich* DATE: 10-1-07 DAYTIME PHONE #: 407-3440057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RICARDO MARCOVICH

rc 11/21