2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000075298

1. Entity Name
CYPRESS POINTE MOBILE HOME PARK, INC.

FILED
10 MAY 12 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6548 SW 160TH ST. STARKE, FL 32091	6548 SW 160TH ST. STARKE, FL 32091

05052010 Chg-P CR2E034 (11/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1st Rd & 1st Terrace	Agnes P Sapp
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6548 SW 160th St
City & State: Lake Butler Fla	City & State: Starke Fla
Zip: 32054 Country: Union	Zip: 32091 Country: Bradford

4. FEI Number 58-2142014 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAPP, AGNES P 6548 SW 160TH STREET STARKE, FL 32091	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 Agnes P. Sapp 5-11-10
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 24, 2010

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAPP, AGNES P 6548 SW 160TH STREET. ~~TUCKER, GA 332091~~ Starke Fla 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900180475319 05/06/10--01018--002 **150.00
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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 607, 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: Agnes P. Sapp President 5-11-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/12 pd