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March 11, 2015

Daren J. Dorminy

Frank Garcia

Ingrid Gonzalez

Georgia E. Higgins

Kathryn L. Holloway

Scott E. Johnson

James F. Kidd

Clinton C. Lyons, Jr.

Brian J. Moran

Thomas P. Moran

W. Charles Nix

Chris R. Parkinson

Of Counsel

Susan J. Anger

Michael A. Tessitore

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations

Clifton Building 2661 Executive Center Circle

Tallahassee, Florida 32301

RE:

CYPRESS POINTE RESORT (Word)

Registration No.: T10000000944

CYPRESS POINTE RESORT (Word)

Registration No.: T10000000946

CYPRESS POINTE RESORT (& Design)

Registration No.: T10000000945

CYPRESS POINTE RESORT (& Design)

Registration No.: T10000000947

Dear Sir/Madam:

Enclosed are Renewal Applications and Specimens for the abovereferenced Florida trademarks. Also enclosed is this firm's check no. 60407 in the amount of \$350.00 to cover the filing fees associated with this request.

Thank you for your assistance with this matter. Should you have any questions, please do not hesitate to contact us.

Sincerely yours

Melissa Lambert,

Paralegal to Scott E. Johnson

enclosures 🔍

morankidd.com



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2015

MELISSA LAMBERT, PARALEGAL MORAN KIDD ATTORNEYS AT LAW P.O. BOX 472 ORLANDO, FL 32802-0472

SUBJECT: CYPRESS POINTE RESORT

Ref. Number: T10000000944

We have received your document for CYPRESS POINTE RESORT and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

We have taken the liberty of correcting your document by inserting the owner's name in the appropriate place(s). This correction was made in lieu of returning it to you. Please let us know if this is not acceptable.

If you agree with the corrections needed and would like this office to proceed with your filing, please notify this office in writing or by fax at 850-245-6030 to the attention of the undersigned.

If you are unable to fax, you may email me at nanette.causseaux@dos.myflorida.com.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

Letter Number: 415A00005614

Causseaux, Nanette

From:

Melissa M. Lambert < MLambert@morankidd.com>

Sent:

Monday, March 30, 2015 1:19 PM

To:

Causseaux, Nanette

Subject:

T10000000944 - Corrections

Attachments:

150330131630_0001.pdf

Nanette,

We agree with the corrections needed (insertion of owner's name in appropriate places) mentioned in the attached letter. Thank you.

Melissa Lambert
Moran • Kidd • Lyons • Johnson, P.A.
111 North Orange Avenue
Suite 900
Post Office Box 472
Orlando, Florida 32802-0472
407-841-4141
407-841-4148 (Facsimile)
www.morankidd.com



MARK RENEWAL APPLICATION

	THE WALL ALL THE COUNTY OF THE
Name and Mailing Address of Owner:	Return To: Division of Corporations
Cypress Pointe Resort at Lake Buena Vista Condominium Association, Inc.	P.O. Box 6327 (2) 7 Tallahassee, FL 32314 (2) 7
8651 Treasure Cay Lane	FF 2 [
Orlando, FL 32836	PH 12: 01
1) Mark Registered: CYPRESS P	
· · · · · · · · · · · · · · · · · · ·	
2) Registration Number: T1000000	
3) Date Filed: 8/25/10 4.) Renew	val Date: 8/25/15 5.) Class(es) Filed: 43
	25.071, Florida Statues. Below you must state the mark is still in conuse is not due to any intention to abandon the mark.
The mark is still in use	•
7) If the mark is still in use, a specimen show	wing actual use of the mark is included with this application.
8) If applicant is a business entity, enter the	state of incorporation/formation/organization: FL
	state of incorporation/formation/organization: FL Cypess Pointe Resortoflake
	John Davies
	Typed or Printed Name of Owner
	Jahn A. Dows @
STATE OF Florida	Owner's Signature or Authorized Person's Signature
COUNTY OF Orange	
Sworn to and subscribed before me on this 25	day of February, 2015, John Davies
who is personally known to me whose	(Name of Individual Signing) identity I proved on the basis of
***************************************	am. 20
Notary Public State of Florida LaDonna McQuagge	The North and the state of the
(Seal) My Commission FF 045807 Expires 10/14/2017	Notary Public's Signature
Fee: \$87.50 Per Class	La Donna McQuagge
Certificate of Renewal: \$8.75 (Optional) CR2E005 (1/11)	Notary Public's Printed Name 0

