# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

DIRECTOR

#### SIGNATURE: SUE DOIRON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N02000003872

#### Entity Name: CYPRESS CAY PROPERTY ASSOCIATION, INC.

## Current Principal Place of Business:

11691 GATEWAY BLVD SUITE 203 FT. MYERS, FL 33913

## **Current Mailing Address:**

11691 GATEWAY BLVD SUITE 203 FT. MYERS, FL 33913 US

### FEI Number: 03-0488007

# Name and Address of Current Registered Agent:

BOWER, WILLIAM 11691 GATEWAY BLVD SUITE 203 FT. MYERS, FL 33913 US

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.

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SIGNATURE	: WILLIAM BOWER			04/23/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	VP	
Name	DOIRON, SUE	Name	MASTERS, JOHN	
Address	13440 HAMPTON PARK CT	Address	13309 HAMPTON PARK CT	
City-State-Zip:	FT MYERS FL 33913	City-State-Zip:	FT. MYERS FL 33913	
Title	TSD			
Name	CHIN, TONY			
Address	11200 CYPRESS TREE CIRCLE			
City-State-Zip:	FT. MYERS FL 33913			

Certificate of Status Desired: No

FILED Apr 23, 2015 Secretary of State CC5859339240

> 04/23/2015 Date