

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003872

Entity Name: CYPRESS CAY PROPERTY ASSOCIATION, INC.

FILED
Apr 30, 2024
Secretary of State
1641208818CC

Current Principal Place of Business:

C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET, SUITE A
CAPE CORAL, FL 33909

Current Mailing Address:

C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET, SUITE A
CAPE CORAL, FL 33909 US

FEI Number: 03-0488007

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPASS ROSE MANAGEMENT
C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET, SUITE A
CAPE CORAL, FL 33909 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.

SIGNATURE: ANASTATIOS TRICAS

04/30/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name REDIGER, SCOTT
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET
City-State-Zip: CAPE CORAL FL 33909

Title SECRETARY
Name OVERSTREET, JENNIFER
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET
City-State-Zip: CAPE CORAL FL 33909

Title VP
Name VERDONCK, SCOTT
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name JOHNSON, PAUL
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET
City-State-Zip: CAPE CORAL FL 33913

Title TREASURER
Name ANDERSON, STACEY
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name ESTRADA, JORGE
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name INGLE, JASON
Address C/O COMPASS ROSE MANAGEMENT
 1010 NE 9TH STREET, SUITE A
City-State-Zip: CAPE CORAL FL 33909

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.

SIGNATURE: SCOTT REDIGER

PRESIDENT

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date