# 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.

MANAGER

SIGNATURE: KRUG, DAVID G

Electronic Signature of Signing Officer/Director Detail

20	20 FLORIDA	NOT FOR	PROFIT	CORPOR/	ATION AND	NUAL REPORT

#### DOCUMENT# N15628

Entity Name: THE VILLAGES AT CYPRESS CREEK MASTER PROPERTY OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

1207 N. HIMES AVE. SUITE 3 TAMPA, FL 33607

## **Current Mailing Address:**

1207 N. HIMES AVE. SUITE 3 TAMPA, FL 33607 US

## FEI Number: 59-2805992

## Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC 1207 N. HIMES AVE. SUITE 3 TAMPA FL 33607 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:

Electronic Signature of Registered Agent

#### Officer/Director Detail :

••				
Title		VPD	Title	PRESIDENT
Name		HEREFORD, FRANCES	Name	MILLER, ADAM
Addres	s	3623 GAVIOTA DR.	Address	3633 GAVIOTA DRIVE
City-St	ate-Zip:	RUSKIN FL 33573	City-State-Zip:	TAMPA FL 33573
Title		DIRECTOR	Title	MANAGER
Name		MILLER, VICKY	Name	KRUG, DAVID G
Addres	S	1207 N. HIMES AVE. SUITE 3	Address	1207 N. HIMES AVE. SUITE 3
City-St	ate-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607

FILED Jan 29, 2020 Secretary of State 0373926395CC

Certificate of Status Desired: No

01/29/2020 Date

Date