

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17208

Entity Name: CYPRESS SPRINGS OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4201 VINELAND ROAD
SUITE I-2
ORLANDO, FL 32811**Current Mailing Address:**12906 TAMPA OAKS BLVD
SUITE 100
TEMPLE TERRACE, FL 33637 US**FEI Number:** 59-2762596**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOME RIVER GROUP
12906 TAMPA OAKS BLVD
SUITE 100
TEMPLE TERRACE, FL 33637 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:** BRAD VAN ROOYEN

04/05/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HOOVER, CHERYL
Address 4201 VINELAND ROAD
 SUITE I-2
City-State-Zip: ORLANDO FL 32811

Title TD
Name COOKE, WINSTON
Address 4201 VINELAND ROAD
 SUITE I-2
City-State-Zip: ORLANDO FL 32811

Title D
Name PASSARELLA, JOHN
Address 4201 VINELAND ROAD
 SUITE I-2
City-State-Zip: ORLANDO FL 32811

Title D
Name HUNTE, WAYNE
Address 4201 VINELAND ROAD
 SUITE I-2
City-State-Zip: ORLANDO FL 32811

Title VP
Name DOANE, ROBERT
Address 4201 VINELAND ROAD
 SUITE I-2
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR
Name DREISTADT, GINA
Address 4201 VINELAND ROAD
 SUITE I-2
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR
Name MITCHELL, LINDA
Address 4201 VINELAND ROAD
 SUITE I-2
City-State-Zip: ORLANDO FL 32811

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: HOOVER , CHERYL

PRES

04/05/2022

Electronic Signature of Signing Officer/Director Detail

Date