

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17208

Entity Name: CYPRESS SPRINGS OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5200 VINELAND ROAD
SUITE 210
ORLANDO, FL 32811**Current Mailing Address:**5200 VINELAND ROAD
SUITE 210
ORLANDO, FL 32811 US**FEI Number:** 59-2762596**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PALMERSTON, LLC
5200 VINELAND ROAD
SUITE 210
ORLANDO, FL 32811 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

Date

Officer/Director Detail :

Title PD
Name HOOVER, CHERYL
Address 5200 VINELAND ROAD, SUITE 210
City-State-Zip: ORLANDO FL 32811

Title VPD
Name BOUTTE, CLYDE
Address 5200 VINELAND ROAD, SUITE 210
City-State-Zip: ORLANDO FL 32811

Title TD
Name COOKE, WINSTON
Address 5200 VINELAND RD STE 210
City-State-Zip: ORLANDO FL 32811

Title D
Name PASSARELLA, JOHN
Address 5200 VINELAND ROAD, SUITE 210
City-State-Zip: ORLANDO FL 32811

Title SD
Name POWERY, NANCY
Address 5200 VINELAND ROAD, SUITE 210
City-State-Zip: ORLANDO FL 32811

Title D
Name HENDRICKS, BILL
Address 5200 VINELAND RD SUITE 210
City-State-Zip: ORLANDO FL 32811

Title D
Name MITCHELL, LINDA
Address 5200 VINELAND ROAD
SUITE 210
City-State-Zip: ORLANDO FL 32811

Title D
Name HUNT, WAYNE
Address 5200 VINELAND ROAD
SUITE 210
City-State-Zip: ORLANDO FL 32811

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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: CHERYL HOOVER**PRESIDENT****04/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DEACON
Name	DOANE, ROBERT
Address	5200 VINELAND RD STE 210
City-State-Zip:	ORLANDO FL 32811