

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39059

**FILED
Mar 30, 2015
Secretary of State
CC9552308450**

Entity Name: CYPRESS WOODS ASSOCIATION, INC.

Current Principal Place of Business:

C/O GRS MGMT ASSOCIATES INC.
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463

Current Mailing Address:

C/O GRS MGMT ASSOCIATES INC.
3900 WOODLAKE BLVD SUITE 309
LAKE WORTH, FL 33463 US

FEI Number: 65-0299532

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BACKER LAW FIRM, P.A.
400 S. DIXIE HIGHWAY
SUITE 420
BOCA RATON, FL 33432 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 SD
Name KUPERMAN, PETER
Address C/O GRS MGMT ASSOCIATES INC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title D
Name BUELL, ROBERT
Address C/O GRS MGMT ASSOCIATES INC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title P
Name JOHNSON, PATRICIA
Address C/O GRS MGMT ASSOCIATES INC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title VP
Name RADKA, SHAWN
Address C/O GRS MGMT ASSOCIATES INC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name ROTH, MARK
Address C/O GRS MGMT ASSOCIATES INC.
3900 WOODLAKE BLVD SUITE 309
City-State-Zip: LAKE WORTH FL 33463

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: PATRICIA JOHNSON

PD

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date