2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N48636

Entity Name: THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA

CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8651 TREASURE CAY LANE ORLANDO, FL 32836

Current Mailing Address:

8651 TREASURE CAY LANE ORLANDO, FL 32836

FEI Number: 59-3141099 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, SCOTT E 111 N. ORANGE AVE., STE 900 ORLANDO, FL 32801 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

FILED

Sep 15, 2014

Secretary of State CC7239495916

Officer/Director Detail:

Title SD Title D

Name WILKS, DON Name TOSTE, JASON

Address 8651 TREASURE CAY LN Address 8651 TREASURE CAY LANE

City-State-Zip: ORLANDO FL 32836 City-State-Zip: ORLANDO FL 32836

 Title
 D
 Title
 PRESIDENT

 Name
 GALE, LESLIE
 Name
 OWEN, RALPI

Name GALE, LESLIE Name OWEN, RALPH

Address 8651 TREASURE CAY LANE Address 8651 TREASURE CAY LANE

City-State-Zip: ORLANDO FL 32836 City-State-Zip: ORLANDO FL 32836

Title D Title T, VP

Name ALIPERTI, MICHAEL Name SCHWARTZ, STUART

Address 8651 TREASURE CAY LANE Address 8651 TREASURE CAY LANE

City-State-Zip: ORLANDO FL 32836 City-State-Zip: ORLANDO FL 32836

Title D

Name GOECKEL, FRANK

Address 8651 TREASURE CAY LANE

City-State-Zip: ORLANDO FL 32836

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: RALPH OWEN PRESIDENT 09/15/2014