

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48636

Entity Name: THE CYPRESS POINTE RESORT AT LAKE BUENA VISTA
CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 07, 2019
Secretary of State
8614403203CC

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

Officer/Director Detail :

Title VP
Name TOSTE, JASON
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS FL 89135

Title TREASURER, SECRETARY
Name GALE, LESLIE
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

Title DIRECTOR
Name KORMANN, ANTHONY
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

Title DIRECTOR
Name KRUTZ, SHANNON
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

Title PRESIDENT
Name PELOSI, CHERYL
Address 10600 W CHARLESTON BLVD
City-State-Zip: LAS VEGAS NV 89135

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: LESLIE GALE

**SECRETARY /
TREASURER**

01/07/2019

Electronic Signature of Signing Officer/Director Detail

Date