

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48636

**FILED**  
**Mar 16, 2016**  
**Secretary of State**  
**CC7712085766**

**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

**Officer/Director Detail :**

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

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

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

Title SECRETARY  
Name ALIPERTI, MICHAEL  
Address 10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title DIRECTOR  
Name GOECKEL, FRANK  
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: OWEN , RALPH**

**PRESIDENT**

**03/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date