

2013 FLORIDA NOT FOR PROFIT CORPORATION 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:**NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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	WILKS, DON
Address	8651 TREASURE CAY LN
City-State-Zip:	ORLANDO FL 32836

Title	D
Name	COSTLEY, JAMES
Address	8651 TREASURE CAY LANE
City-State-Zip:	ORLANDO FL 32836

Title	PD
Name	CHASE, JOHN
Address	8651 TREASURE CAY LANE
City-State-Zip:	ORLANDO FL 32836

Title	VPD
Name	OWEN, RALPH
Address	8651 TREASURE CAY LANE
City-State-Zip:	ORLANDO FL 32836

Title	D
Name	ALIPERTI, MICHAEL
Address	8651 TREASURE CAY LANE
City-State-Zip:	ORLANDO FL 32836

Title	TD
Name	SCHWARTZ, STUART
Address	8651 TREASURE CAY LANE
City-State-Zip:	ORLANDO FL 32836

Title	DIRECTOR - DEVELOPER REPRESENTATIVE
Name	RIDDLE, LINDA
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: JOHN CHASE, PRESIDENT**PRESIDENT****01/04/2013**

Electronic Signature of Signing Officer/Director Detail

Date