

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48636

FILED
Apr 22, 2015
Secretary of State
CC7207829232

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 SD
Name WILKS, DON
Address 8651 TREASURE CAY LN
City-State-Zip: ORLANDO FL 32836

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

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

Title PRESIDENT
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 T, VP
Name SCHWARTZ, STUART
Address 8651 TREASURE CAY LANE
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

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date