

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

DOCUMENT# N93000003127

**FILED**  
**Jan 14, 2016**  
**Secretary of State**  
**CC0889509745**

**Entity Name:** CYPRESS HOLLOW ASSOCIATION, INC.

**Current Principal Place of Business:**

1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

1750 UNIVERSITY DRIVE #205  
CORAL SPRINGS, FL 33071 US

**FEI Number: 65-0425384**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KRAVIT, CORY ESQ.  
KRAVIT LAW, P.A.  
902 CLINT MOORE ROAD # 136  
BOCA RATON, FL 33487 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 DIRECTOR  
Name ISAZA, FRANCISCO  
Address 6429 NW 53RD ST  
City-State-Zip: LAUDERHILL FL 33319

Title TREASURER  
Name BORDERS-BYRD, CYNTHIA  
Address 5300 NW 66TH AVE  
City-State-Zip: LAUDERHILL FL 33319

Title VP  
Name DERAY, MAURICE  
Address 6421 NW 54TH ST  
City-State-Zip: LAUDERHILL FL 33319

Title PRESIDENT  
Name EPLEY, WILLIAM CARSON  
Address 6425 NW 53 ST  
City-State-Zip: FORT LAUDERDALE FL 33319

Title SECRETARY  
Name SWANSON, ALICE  
Address 6805 W. COMMERCIAL BLVD  
#111  
City-State-Zip: FORT LAUDERDALE FL 33319

*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: WILLIAM CARSON EPLEY**

**PRES**

**01/14/2016**

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

\_\_\_\_\_  
Date