

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003127

**FILED**  
**Apr 05, 2017**  
**Secretary of State**  
**CC4086660647**

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

**Current Principal Place of Business:**

C/O EXCLUSIVE PROPERTY MANAGEMENT  
2945 WEST CYPRESS CREEK ROAD SUITE 201  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

C/O EXCLUSIVE PROPERTY MANAGEMENT  
2945 WEST CYPRESS CREEK ROAD SUITE 201  
FT LAUDERDALE, FL 33309 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            SECRETARY  
Name            ISAZA, FRANCISCO  
Address        C/O EXCLUSIVE PROPERTY  
                  MANAGEMENT  
                  2945 WEST CYPRESS CREEK ROAD  
                  SUITE 201  
City-State-Zip: FT LAUDERDALE FL 33309

Title            TREASURER  
Name            BORDERS-BYRD, CYNTHIA  
Address        C/O EXCLUSIVE PROPERTY  
                  MANAGEMENT  
                  2945 WEST CYPRESS CREEK ROAD  
                  SUITE 201  
City-State-Zip: FT LAUDERDALE FL 33309

Title            VP  
Name            NOVOJOSKY, ROBERT  
Address        C/O EXCLUSIVE PROPERTY  
                  MANAGEMENT  
                  2945 WEST CYPRESS CREEK ROAD  
                  SUITE 201  
City-State-Zip: FT LAUDERDALE FL 33309

Title            PRESIDENT  
Name            LAMB, BARBARA  
Address        C/O EXCLUSIVE PROPERTY  
                  MANAGEMENT  
                  2945 WEST CYPRESS CREEK ROAD  
                  SUITE 201  
City-State-Zip: FT LAUDERDALE FL 33309

*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:** BARBARA LAMB

**PRESIDENT**

**04/05/2017**

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

\_\_\_\_\_  
Date