

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001925

**Entity Name:** CYPRESS POINT AT THE RESERVE ASSOCIATION, INC.

**Current Principal Place of Business:**

459 NW PRIMA VISTA BLVD.  
PORT SAINT LUCIE, FL 34983

**Current Mailing Address:**

C/O SIGNATURE PROPERTY MGMT.  
459 NW PRIMA VISTA BLVD.  
PORT SAINT LUCIE, FL 34983 US

**FEI Number:** 65-0803499

**Certificate of Status Desired:** No

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

ROSS EARLE & BONAN  
ROYAL PALM FINANCIAL CENTER  
789 S FEDERAL HIGHWAY SUITE 101  
STUART, FL 34994 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:** ROSS EARLE

03/26/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title 2VP  
Name NOTARANTONIO, ROSEMARY  
Address 459 NW PRIMA VISTA BLVD.  
City-State-Zip: PORT SAINT LUCIE FL 34983

Title T  
Name MILLS, JOHN  
Address 7959 POPPY HILLS AVE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title P  
Name HORAN, DAVID  
Address 10120 CROSBY LANE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title VP  
Name NORSWORTHY, ALAN  
Address 10137 SPYGLASS LANE  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title SECRETARY  
Name DANIELS, SHARON  
Address 7928 LINKS WAY  
City-State-Zip: PORT SAINT LUCIE FL 34986

*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:** DAVID HORAN

PRESIDENT

03/26/2018

Electronic Signature of Signing Officer/Director Detail

Date