

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN -8 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760426

1. Corporation Name
*CYPRESS CREEK VILLAS CONDOMINIUM
ASSOCIATION INC*

100208626441
06/08/11--01028--004 ***297.50
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #
9468 S. MILITARY TRAIL

3. Mailing Office Address
9468 S. MILITARY TRAIL A4

Suite, Apt. #, etc.
A4

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A4

4. Date Incorporated or Qualified
To Do Business in Florida. *10-15-81.*

City & State
Boynton Bch, FL

City & State
Boynton Bch, FL

5. FEI Number Applied For
59-2365912 Not Applicable

Zip Country
33436 PALM BEACH

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33436 PALM BEACH

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *SHIRLEY ADAMS*
Street Address (P.O. Box Number is Not Acceptable)
9468 S. MILITARY TRAIL
Suite, Apt. #, Etc. *A4*
City *BOYNTON BEACH* State *FL* Zip Code *33436*

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Shirley Adams* Date *June 6, 2011*
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	DANIEL COONEY	9468 S. Military Tr	Boynton Bch, FL 33436
S/D	SHIRLEY ADAMS	9468 S. Military Tr	Boynton Bch, FL 33436
V/D	CARMELA HAVENS	9468 S. Military Tr	Boynton Bch, FL 33436
V/D	CATHY VERMAAS	9760 Majestic Way	Boynton Bch, FL 33437
REINSTATEMENT 10-11 To 6/9/11			

10. E-mail Address: *Sis Adams @ aol.com (Sis Adams @ aol.com)*
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Shirley Adams - Shirley Adams* Date *6/6/11* 561-732-9385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #