

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000007732		
1. Entity Name CYPRESS OFFICE PARK CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 13720-1 BEN C PRETT PKWY SIX MILE CYPRESS PKWY FORT MYERS, FL 33912	Mailing Address PO BOX 60111 FORT MYERS, FL 33906-6011	



02112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100269	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ELAND, ALAN C 13720-1 BEN C PRETT PKWY SIX MILE CYPRESS PKWY FORT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

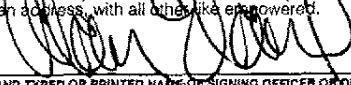
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	UN00000255047 03/07/05-80097-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TITSCH, DAVID 13710-2 BEN C PRETT/SIX MILE PKWY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELAND, ALAN C 13720-1 BEN C PRETT/SIX MILE CYPRESS PKWY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ALAN 13700-1 BEN C PRATT/SIX MILE CYPRESS PKWY FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3/5/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Ne Phone #