2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Name
CYPRESS OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13720-1 BEN C PRETT PKWY SIX MILE CYPRESS PKWY FORT MYERS, FL 33912	PO BOX 60111 FORT MYERS, FL 33906-6011

02112005 No Chg-NP CR2E037 (10/03)

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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

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000255047
03/07/05-80097-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TITSCH, DAVID
STREET ADDRESS	13710-2 BEN C PRETT/SIX MILE PKWY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	ELAND, ALAN C
STREET ADDRESS	13720-1 BEN C PRETT/SIX MILE CYPRESS PKWY
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	WILLIAMS, ALAN
STREET ADDRESS	13700-1 BEN C PRATT/SIX MILE CYPRESS PKWY
CITY-ST-ZIP	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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 — Daytime Phone #