

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90026 027 ****61.25

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

40038000



02152006 No Chg-NP CR2E037 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-939-5005