2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am DOCUMENT # N01000007732 **Secretary of State** 04-28-2008 90390 025 ****61.25 CYPRESS OFFICE PARK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 13720-1 BEN C PRETT PKWY PO BOX 60111 SIX MILE CYPRESS PKWY FORT MYERS, FL 33906-6011 FORT MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 65-1100269 City & State Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Van D. Davis, PA ELAND, ALAN C 13720-1 BEN C PRETT PKWY Street Address (P.O. Box Number is Not Acceptable) SIX MILE CYPRESS PKWY FORT MYERS, FL 33912 13730 Cypress Terrace Cr, Ste 402 Fort Myers 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. Van D. Davis, Agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition TITSCH, DAVID NAME NAME 13710-2 BEN C PRETT/SIX MILE PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33912 TITLE ☐ Change TITLE ☐ Delete ■ Addition ELAND, ALAN C NAME NAME 13720-1 BEN C PRETT/SIX MILE CYPRESS PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition~ WILLIAMS, ALAN NAME NAME STREET ADDRESS 13700-1 BEN C PRATT/SIX MILE CYPRESS PKWY STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 of true amount of the receiver of true amount of the corporation or the receiver of true amount of the corporation or the receiver of true amount of of true amou

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Eland, Director

4/08/08

FILED

Daytime Phone #