

N02 00000 3872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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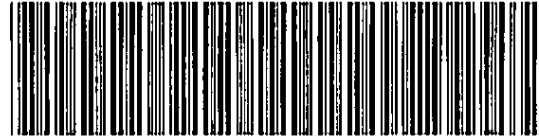
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

11/10/21--01006--007 **35.00

FILED
2021 NOV 10 AM 11:01
CLERK OF COURT
JANUARY 11, 2021

A. RAMSEY
DEC 01 2021

Joseph E Adams
Office Managing Shareholder
Board Certified Attorney, Condominium and
Planned Development Law
Phone: 239.628.4914 Fax: 239.433.5933
jadams@beckerlawyers.com

Becker

Becker & Poliakoff
Six Mile Corporate Park
12140 Carissa Commerce Court, Suite 200
Fort Myers, Florida 33966

Northern Trust Building
4001 Tamiami Trail North, Suite 270
Naples, Florida 34103

November 8, 2021

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

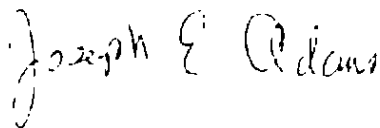
Re: Cypress Cay Property Association, Inc. (Document No. N02000003872)

To Whom It May Concern:

Enclosed please find a *Statement of Change of Registered Office or Registered Agent or Both for Corporations* for the above-referenced Association. Also enclosed, please find check number 100037 in the amount of \$35.00 to cover the cost of filing.

Thank you for your attention to this matter.

Very truly yours,



Joseph E Adams
For the Firm

JEA/sdi

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CYPRESS CAY PROPERTY ASSOCIATION, INC.
2. The principal office address: c/o Compass Rose Management
1010 NE 9th Street, Suite A, Cape Coral, Florida 33909
3. The mailing address (if different): c/o Compass Rose Management
1010 NE 9th Street, Suite A, Cape Coral, Florida 33909
4. Date of incorporation/qualification: 05/20/2002 Document number: N02000003872
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

ICON MANAGEMENT
11691 GATEWAY BLVD., SUITE 203
FT. MYERS, FL 33913

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

BECKER & POLIAKOFF, PA
12140 CARISSA COMMERCE COURT, SUITE 200
(P.O. Box NOT acceptable)
FORT MYERS, FL 33912

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

M. Scott Rediger
(Signature of an officer or director)

M. SCOTT REDIGER PRESIDENT
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

(Signature of Registered Agent)

09/15/2021
(Date)

If signing on behalf of an entity:

Joseph E. Adams, Esquire
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

2021 NOV 10 AM 11:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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