

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001065

FILED
Sep 22, 2005
Secretary of State

Entity Name: CYPRESS STREET TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

101 SUNNYTOWN RD
SUITE 102
CASSELBERRY, FL 32707

New Principal Place of Business:

1221 CYPRESS STREET
ORLANDO, FL 32805

Current Mailing Address:

101 SUNNYTOWN RD
SUITE 102
CASSELBERRY, FL 32707

New Mailing Address:

1221 CYPRESS STREET
ORLANDO, FL 32805

FEI Number: 27-0130305 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITE, LARRY
101 SUNNYTOWN RD
SUITE 102
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

DUNCAN, CHARLENE
1221 CYPRESS STREET
ORLANDO, FL 32805 US

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.

SIGNATURE: CHARLENE DUNCAN

09/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITE, LARRY
Address: 101 SUNNYTOWN RD #102
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: SPITLER, WILLIAM
Address: 101 SUNNYTOWN RD #102
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: BROOKS, PRECIOUS
Address: 101 SUNNYTOWN RD #102
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDC (X) Change () Addition
Name: DUNCAN, CHARLENE
Address: 1221 CYPRESS STREET
City-St-Zip: ORLANDO, FL 32805

Title: VDS (X) Change () Addition
Name: WILLIAMS, JAMIE
Address: 1217 CYPRESS STREET
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Change () Addition
Name: WARREN, LAKESHIA
Address: 1223 CYPRESS STREET
City-St-Zip: ORLANDO, FL 32805

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE DUNCAN

PDC

09/22/2005

Electronic Signature of Signing Officer or Director

Date