

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008179

FILED
Jan 17, 2009
Secretary of State

Entity Name: CYPRESS LANDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

199 E MCNAB RD
POMPANO BEACH, FL

New Principal Place of Business:

C/O SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071

Current Mailing Address:

P.O. BOX 8290
CORAL SPRINGS, FL 33075

New Mailing Address:

C/O SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR #205
CORAL SPRINGS, FL 33071

FEI Number: 20-3655587 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR
SUITE 205
CORAL SPRINGS, FL 33071 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: NICOLE SWIFT

01/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DAVIS, DOUGLAS
Address: 310 CYPRESS CIR
City-St-Zip: KING OF PRUSSA, PA 19406

Title: DV () Delete
Name: DAVIS, TONYA
Address: 310 CYPRESS CIR
City-St-Zip: KING OF PRUSSA, PA 19406

Title: DST () Delete
Name: DAVIS, CRYSTAL
Address: 310 CYPRESS CIR
City-St-Zip: KING OF PRUSSA, PA 19406

Title: PRES (X) Delete
Name: CARROLL, CHRISTOPHER
Address: 199 E. MCNAB ROAD APT 109
City-St-Zip: FORT LAUDERDALE, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEFANELLI, SCARLETT
Address: 415 SW 75 TERR
City-St-Zip: N LAUDERDALE, FL 33068

Title: D (X) Change () Addition
Name: RUBIN, NORMAN
Address: 3200 PORT ROYALE #2109
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D (X) Change () Addition
Name: BREWER, STEVE
Address: 33 N DIXIE HWY
City-St-Zip: POMPANO BCH, FL 33060

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SCARLETT STEFANELLI

D

01/17/2009

Electronic Signature of Signing Officer or Director

Date