

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000006450

FILED  
Oct 16, 2012  
Secretary of State

**Entity Name:** CYPRESS POINTE OF POLK COUNTY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1313 CYPRESS POINTE BLVD.  
DAVENPORT, FL 33896

**New Principal Place of Business:**

**Current Mailing Address:**  
410 CAMPUS STREET  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 26-1980301      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAPLAN, JEFFREY L  
130 REMINGTON DRIVE  
UNIT B  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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: JEFFREY KAPLAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SCHOTT, ADAM  
Address: 5850 T. G. LEE BOULEVARD, SUITE #600  
City-St-Zip: ORLANDO, FL 32822

Title: VP  
Name: INGHRAM, GREGG  
Address: 5850 T. G. LEE BOULEVARD, SUITE #600  
City-St-Zip: ORLANDO, FL 32822

Title: TRES  
Name: BALL, CHARLIE  
Address: P. O. BOX 5199  
City-St-Zip: ASHEVILLE, NC 28813

Title: SEC  
Name: BALL, CHARLIE  
Address: P. O. BOX 5199  
City-St-Zip: ASHEVILLE, NC 28813

I hereby 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 all other like empowered.

SIGNATURE: ADAM SCHOTT

Electronic Signature of Signing Officer or Director

PRES

10/16/2012

Date