

N39059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

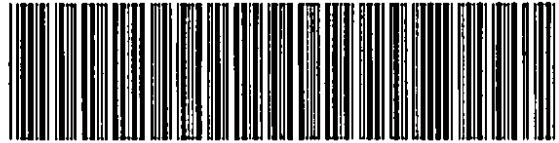
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*BOARD CERTIFIED SPECIALIST
CONDOMINIUM AND PLANN
DEVELOPMENT L.

February 21, 2022

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Cypress Woods Association, Inc.

Dear Sir/Madam

Enclosed please find a Cover Letter and Statement of Change of Registered Agent form regarding Cypress Woods Association, Inc. (Document No.: N39059). Also enclosed is a check in the amount of \$35.00 to cover the cost of filing the registered agent change with the Division.

If you have any questions, please do not hesitate to contact the undersigned.

Warmest Personal Regards,

KAYE BENDER REMBAUM, P.L.


Jeffrey A. Rembaum, Esq.
For the Firm

JAR/tr
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CYPRESS WOODS ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N39059

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TARA CHIUCCHI

Name of Contact Person

DAVENPORT PROPERTY MANAGEMENT

Firm/Company

6620 LAKE WORTH RD., SUITE F

Address

LAKE WORTH, FL 33467

City/State and Zip Code

TARA@DAVENPORTPRO.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TARA CHIUCCHI

Name of Contact Person

at (561) 642-5080

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 WOODS ASSOCIATION, INC.
2. The principal office address: C/O DAVENPORT PROPERTY MANAGEMENT, 6620 LAKE WORTH RD., SUITE F, LAKE WORTH, FL 33467
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 07/09/1990 Document number: N39059
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)

BACKER, ABOUD, POLIAKOFF & FOELSTER

400 S. DIXIE HIGHWAY, SUITE 420

BOCA RATON, FL 33432

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

KAYE BENDER REMBAUM, P.L.

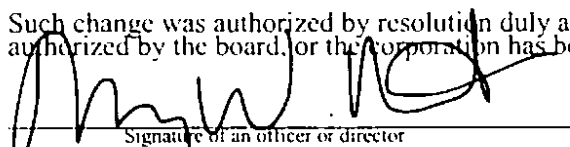
1200 PARK CENTRAL BLVD., SOUTH

P.O. Box NOT acceptable

POMPANO BEACH, FL 33064

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

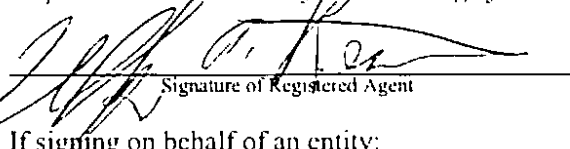
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

BRADLEY FRANK, 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

2/21/2022
Date

If signing on behalf of an entity:

JEFFREY A. REMBAUM

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 (04/13)

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