

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

DOCUMENT # N94000000436

1. Entity Name
THE CYPRESS PARK PROPERTY OWNERS
ASSOCIATION, INC.



08 FEB 27 AM 10:56
2008.08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
622 E WASHINGTON STREET
SUITE 300
ORLANDO, FL 32801

Mailing Address
622 E WASHINGTON STREET
SUITE 300
ORLANDO, FL 32801



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3224018

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32803-2346

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME WHITLEY, STEPHEN J
STREET ADDRESS 2400 LAKE ORANGE DR SUITE 110
CITY-ST-ZIP ORLANDO, FL 32837 ☐ Delete

TITLE
NAME
STREET ADDRESS 500118958155
CITY-ST-ZIP 02/27/08--01043--013 **306.25 ☐ Change ☐ Addition

TITLE D
NAME FIRTH, NICHOLAS
STREET ADDRESS 200 E RANDOLPH DRIVE
CITY-ST-ZIP CHICAGO, IL 60601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S Whitley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08 407-447-1776

Date

Daytime Phone #