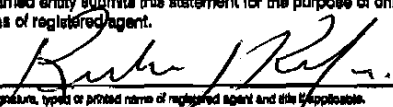
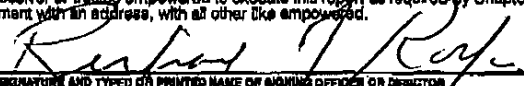


Aug. 19. 2005 10:53AM

No. 1616 P. 3

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000004503						FILED 05 AUG 23 PM 1:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name CYPRESS-PLAZA COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.							
Principal Place of Business 1016 GRAND ISLE DRIVE NAPLES, FL 34108				Mailing Address 1016 GRAND ISLE DRIVE NAPLES, FL 34108			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-3527076				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROLLES, RICHARD J 1016 GRAND ISLE DRIVE NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Richard J. Rolles Street Address (P.O. Box Number is Not Acceptable) 1016 Grand Isle Drive City Naples FL 34108			
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 				DATE 8-18-05			
Signature, typed or printed name of registered agent and title (if applicable)				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$297.50							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete		TITLE	PDST	☒ Change ☐ Addition	
NAME	ROLFES, RICHARD J			NAME	Rolfes, Richard J.		
STREET ADDRESS	1016 GRAND ISLE DR			STREET ADDRESS	1016 Grand Isle Drive		
CITY-ST-ZIP	NAPLES, FL 34108			CITY-ST-ZIP	Naples, FL 34108		
TITLE	D	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	ROLFES, HEIDI L			NAME			
STREET ADDRESS	1016 GRAND ISLE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34108			CITY-ST-ZIP			
TITLE	VPD	☒ Delete		TITLE		☐ Change ☐ Addition	
NAME	ROLFES, HEIDI L			NAME			
STREET ADDRESS	1016 GRAND ISLE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 				DATE: 8-18-05 239			
Signature, typed or printed name of signing officer or director				Daytime Phone # 264.3671			