2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000004503

1. Entity Name
CYPRESS PLAZA COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.

FILED
05 AUG 23 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1016 GRAND ISLE DRIVE NAPLES, FL 34108	1016 GRAND ISLE DRIVE NAPLES, FL 34108

REINSTATEMENT 05932005 REIN-NP CR2E099 (5/04) 04-05

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	7. Name and Address of New Registered Agent
ROLLES, RICHARD J 1016 GRAND ISLE DRIVE NAPLES, FL 34108	Name Richard J. Rolfes Street Address (P.O. Box Number is Not Acceptable) 1016 Grand Isle Drive City Naples FL Zip Code 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 Richard J. Rolfes 8-18-05
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROLFES, RICHARD J 1016 GRAND ISLE DR NAPLES, FL 34108	☐ Delete	PDST Rolfes, Richard J. 1016 Grand Isle Drive Naples, FL 34108	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROLFES, HEIDI L 1016 GRAND ISLE DRIVE NAPLES, FL 34108	☑ Delete	000058852070 08/23/05--01002--001 **297.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ROLFES, HEIDI L 1016 GRAND ISLE DRIVE NAPLES, FL	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard J. Rolfes 8-18-05 239 269.3671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #