

N99000001812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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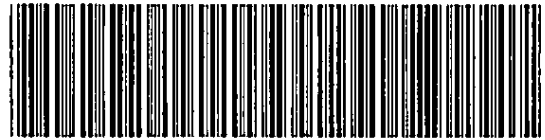
(Business Entity Name)

(Document Number)

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2019 APR 11 PM 1:43

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APR 11 2019

I ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CYPRESS GLEN V CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

**DOCUMENT NUMBER:** N99000001812

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:

**BRIAN FOWLER**

Name of Contact Person

**SOUTHWEST PROPERTY MANAGEMENT**

Firm/Company

**1044 CASTELLO DR., STE. 206**

Address

**NAPLES, FL. 34103**

City/State and Zip Code

**BFOWLER@SWPROPMGT.COM**

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

For further information concerning this matter, please call:

**BRIAN FOWLER**

Name of Contact Person

at ( **239** ) **261-3440**

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FEB 27 2019

February 21, 2019

BRIAN FOWLER  
SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DR., STE. 206  
NAPLES, FL 34103

SUBJECT: CYPRESS GLEN V CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N99000001812

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

2019 APR 11 AM 11:00

RECEIVED

We have received your document for CYPRESS GLEN V CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the date of incorporation. The registered agent on file has not resigned. Therefore, the current information must be listed in the space provided and an officer of the corporation must sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 219A00003767

**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 GLEN V CONDOMINIUM ASSOCIATION, INC..
2. The principal office address: 1044 CASTELLO DR., STE. 206  
NAPLES, FL. 34103
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/23/1999 Document number: N99000001812
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)

SAMOUCÉ, ROBERT  
5405 PARK CENTRAL CT  
NAPLES, FL 34109

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

SOUTHWEST PROPERTY MANAGEMENT

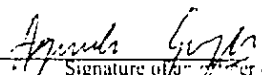
1044 CASTELLO DR., STE. 206

P.O. Box NOT acceptable

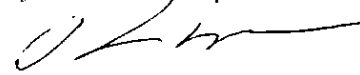
NAPLES, FL. 34103

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.

 AGNIESZKA GRAZER PRESIDENT  
Signature of officer or director 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.

 1/20/19  
Signature of Registered Agent Date

If signing on behalf of an entity:

Brian Fowler

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