2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 740949

Entity Name: CYPRESS PARK CONDOMINIUM ASSOCIATION, INC.

FILED Nov 29, 2022 Secretary of State 7180482032CC

Current Principal Place of Business:

140 S CYPRESS RD

POMPANO BEACH, FL 33060

Current Mailing Address:

C/O FYVE PROPERTY MANAGEMENT 5100 W. COPANS RD SUITE 200 MARGATE, FL 33063 US

FEI Number: 59-1794588 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

BUBB, SIERRA DAWN C/O FYVE PROPERTY MANAGEMENT 5100 W. COPANS RD SUITE 200 MARGATE, FL 33063 US

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.

SIGNATURE: SIERRA DAWN BUBB 11/29/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name HOLLADY, ANNE Name LYN, RODERICK

Address C/O FYVE PROPERTY MANAGEMENT Address C/O FYVE PROPERTY MANAGEMENT

5100 W. COPANS RD SUITE 200 5100 W. COPANS RD SUITE 200

City-State-Zip: MARGATE FL 33063 City-State-Zip: MARGATE FL 33063

Title TREASURER Title DIRECTOR

Name CHELIBASHKI, TODOR Name SIMMONS, ELAINE

Address C/O FYVE PROPERTY MANAGEMENT Address C/O FYVE PROPERTY MANAGEMENT

5100 W. COPANS RD SUITE 200 5100 W. COPANS RD SUITE 200

City-State-Zip: MARGATE FL 33063 City-State-Zip: MARGATE FL 33063

Title SECRETARY Title DIRECTOR

Name MORRIS, LAURA Name RACHEL, MULROY

Address C/O FYVE PROPERTY MANAGEMENT Address C/O FYVE PROPERTY MANAGEMENT

5100 W. COPANS RD SUITE 200 5100 W. COPANS RD SUITE 200

City-State-Zip: MARGATE FL 33063 City-State-Zip: MARGATE FL 33063

Title DIRECTOR

Name WILSON, CHERYL

Address C/O FYVE PROPERTY MANAGEMENT

5100 W. COPANS RD SUITE 200

City-State-Zip: MARGATE FL 33063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNE HOLLADY PRESIDENT 11/29/2022