Entity Name: CYPRESS PARK CONDOMINIUM ASSOCIATION, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

C/O ASSOCIATION SPECIALTY GROUP, LLC 9050 PINES BLVD. SUITE 480 PEMBROKE PINES, FL 33024

Current Mailing Address:

DOCUMENT# 740949

C/O ASSOCIATION SPECIALTY GROUP, LLC P O BOX 803555 DALLAS, TX 75380 US

FEI Number: 59-1794588

Name and Address of Current Registered Agent:

BOGEN , MICHAEL C/O BOGEN LAW GROUP, P.A. 7351 WILES RD. SUITE 202 CORAL SPRINGS, FL 33067 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.

SIGNATUR	E: MICHAEL BOGEN			06/25/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	VICE PRESIDENT	
Name	HOLLADY, ANNE	Name	LYN, RODERICK	
Address	C/O ASSOCIATION SPECIALTY GROUP, LLC 9050 PINES BLVD. SUITE 480	Address	C/O ASSOCIATION SPECIALT GROUP, LLC 9050 PINES BLVD. SUITE 480	ſ
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024	
Title	TREASURER	Title	SECRETARY	
Name	SIPALA, ALEX	Name	STRAUB, BRIAN	
Address	C/O ASSOCIATION SPECIALTY GROUP, LLC 9050 PINES BLVD. SUITE 480	Address	C/O ASSOCIATION SPECIALT GROUP, LLC 9050 PINES BLVD. SUITE 480	ſ
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024	
Title	DIRECTOR			
Name	BROOKSHIRE, MICHAEL			
Address	C/O ASSOCIATION SPECIALTY GROUP, LLC 9050 PINES BLVD. SUITE 480			
City-State-Zip:	PEMBROKE PINES FL 33024			

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.

PRESIDENT

SIGNATURE: ANNE HOLLADY

Electronic Signature of Signing Officer/Director Detail

FILED Jun 25, 2020 Secretary of State 6053450692CC

Certificate of Status Desired: No

06/25/2020 Date