2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 740949

Entity Name: CYPRESS PARK CONDOMINIUM ASSOCIATION, INC.

FILED
Aug 28, 2020
Secretary of State
9128543539CC

Current Principal Place of Business:

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

Current Mailing Address:

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

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

Name and Address of Current Registered Agent:

PEMBROKE PINES FL 33024

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.

SIGNATURE: MICHAEL BOGEN 08/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

 Title
 PRESIDENT
 Title
 VICE PRESIDENT

 Name
 HOLLADY, ANNE
 Name
 LYN, RODERICK

Address C/O ASSOCIATION SPECIALTY Address C/O ASSOCIATION SPECIALTY

GROUP, LLC GROUP, LLC

9050 PINES BLVD. SUITE 480 9050 PINES BLVD. SUITE 480

City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024

TitleTREASURERTitleSECRETARYNameSIPALA, ALEXNameSIMMONS, ELAINE

Address C/O ASSOCIATION SPECIALTY Address C/O ASSOCIATION SPECIALTY

GROUP, LLC GROUP, LLC

9050 PINES BLVD. SUITE 480 9050 PINES BLVD. SUITE 480

City-State-Zip:

PEMBROKE PINES FL 33024

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 APPELLO, MARJORIE
 Name
 ROWE, SCOTT

Address C/O ASSOCIATION SPECIALTY Address C/O ASSOCIATION SPECIALTY

GROUP, LLC GROUP, LLC

9050 PINES BLVD. SUITE 480 9050 PINES BLVD. SUITE 480

City-State-Zip: PEMBROKE PINES FL 33024 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.

SIGNATURE: ANNE HOLLADY PRESIDENT 08/28/2020