

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740949

Entity Name: CYPRESS PARK CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

C/O AMERICAN MANAGEMENT GROUP, LLC
9050 PINES BOULEVARD SUITE 480
PEMBROKE PINES, FL 33024

Current Mailing Address:

C/O AMERICAN MANAGEMENT GROUP, LLC
9050 PINES BOULEVARD SUITE 480
PEMBROKE PINES, FL 33024 US

FEI Number: 59-1794588**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

C/O SCOTT JAFFEE FOR ALLIANCE CAS, LLC
1000 E HALLANDALE BEACH BOULEVARD
SUITE B
HALLANDALE BEACH, FL 33009 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: SCOTT JAFFEE

03/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name HOLLADY, ANNE
Address C/O AMERICAN MANAGEMENT GROUP, LLC
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER
Name MORRIS, LAURA
Address C/O AMERICAN MANAGEMENT GROUP, LLC
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY
Name SILVA, EDILAINE
Address C/O AMERICAN MANAGEMENT GROUP, LLC
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title D
Name ROWE, SCOTT
Address C/O AMERICAN MANAGEMENT GROUP, LLC
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name ROWE, JOANNE
Address C/O AMERICAN MANAGEMENT GROUP, LLC
9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name FERREIRA, ANTONIO
Address C/O AMERICAN MANAGEMENT GROUP, LLC
9050 PINES BOULEVARD 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.

SIGNATURE: ANNE HOLLADY

PRESIDENT

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date