2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740949

Entity Name: CYPRESS PARK CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 25, 2016
Secretary of State
CC2150445254

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 1855 GRIFFIN ROAD SUITE A-407

DANIA BEACH, FL 33004 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 04/25/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title D

Name HOLLADY, ANNE Name ROWE, SCOTT

Address C/O AMERICAN MANAGEMENT Address C/O AMERICAN MANAGEMENT

GROUP, LLC GROUP, LLC

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

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

Title PRESIDENT Title DIRECTOR

Name MORRIS, LAURA Name MCLEMORE, ERIKA

Address C/O AMERICAN MANAGEMENT Address C/O AMERICAN MANAGEMENT

GROUP, LLC GROUP, LLC

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480 City-State-Zip: PEMBROKE PINES FL 33024 City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY Title DIRECTOR

Name SILVA, EDILAINE Name PRINCE, BOB

Address C/O AMERICAN MANAGEMENT Address C/O AMERICAN MANAGEMENT

GROUP, LLC GROUP, LLC

9050 PINES BOULEVARD SUITE 480 9050 PINES BOULEVARD SUITE 480

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

Title DIRECTOR
Name LYN. RODERICK

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: MORRIS, LAURA PRESIDENT 04/25/2016