2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740949

Entity Name: CYPRESS PARK CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 18, 2024
Secretary of State
8086788910CC

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 100 MARGATE. FL 33063 US

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

Name and Address of Current Registered Agent:

REED, VALANCY P.A. VALANCY & REED P.A. 310 S.E. 13TH STREET

FORT LAUDERDALE, FL 33316 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: VALANCY & REED, P.A. 04/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name SIMMONS, ELAINE Name MULROY, RACHAEL

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

5100 W. COPANS RD SUITE 100 5100 W. COPANS RD SUITE 100

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

Title TREASURER Title SECRETARY

Name URENA, SERENA Name SMITH, MARTHA

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

5100 W. COPANS RD SUITE 100 5100 W. COPANS RD SUITE 100

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

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 SIMMONS, JUDY
 Name
 KITTS, BARRY

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

5100 W. COPANS RD SUITE 100 5100 W. COPANS RD SUITE 100

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

Title DIRECTOR

Name STAUB, SAMANTHA

Address C/O FYVE PROPERTY MANAGEMENT

5100 W. COPANS RD SUITE 100

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: ELAINE SIMMONS PRESIDENT 04/18/2024