

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740949

Entity Name: CYPRESS PARK CONDOMINIUM ASSOCIATION, INC.**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
9050 PINES BLVD. SUITE 480
PEMBROKE PINES, FL 33024 US

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

LAW OFFICE OF JENNINGS & VALANCY, P.A.
C/O LAW OFFICES JENNINGS & VALANCY, P.A.
311 SE 13TH ST.
FT. 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: STEVEN VALANCY

04/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ELBERSON, WILLIAM
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER / CO-TREASURER
Name BROOKSHIRE, MICHAEL
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name ROWE, SCOTT
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name BLOISE , ROBERT
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title VICE PRESIDENT
Name LEGENDRE, RONALD
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY / CO-TREASURER
Name HOLLADY, ANNE
Address C/O ASSOCIATION SPECIALTY
 GROUP, LLC
 9050 PINES BLVD. SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name HOLLINGWORTH, KIM
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.

SIGNATURE: ELBERSON , WILLIAM

PRESIDENT

04/18/2018

