

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000006156

**Entity Name:** ALGK CYPRESS OFFICE PARK OWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 27, 2023**  
**Secretary of State**  
**1836823639CC**

**Current Principal Place of Business:**

4423 N.W. 6TH PL.  
GAINESVILLE, FL 32607

**Current Mailing Address:**

4423 N.W. 6TH PL.  
GAINESVILLE, FL 32607

**FEI Number: 82-4746119**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALFINO, PAUL A  
4423 N.W. 6TH PL.  
GAINESVILLE, FL 32607 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name ALFINO, PAUL A  
Address 4423 N.W. 6TH PL.  
City-State-Zip: GAINESVILLE FL 32607

Title P/AS  
Name ALFINO, PAUL A  
Address 4423 N.W. 6TH PL.  
City-State-Zip: GAINESVILLE FL 32607

Title D/VP  
Name GEORGE, SATHISH  
Address 4423 N.W. 6TH PL.  
City-State-Zip: GAINESVILLE FL 32607

Title AS  
Name GEORGE, SATHISH  
Address 4423 N.W. 6TH PL.  
City-State-Zip: GAINESVILLE FL 32607

Title D/VP  
Name LOPEZ-NIETO, CARLOS  
Address 4423 N.W. 6TH PL.  
City-State-Zip: GAINESVILLE FL 32607

Title AS/T  
Name LOPEZ-NIETO, CARLOS  
Address 4423 N.W. 6TH PL.  
City-State-Zip: GAINESVILLE FL 32607

*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: PAUL A. ALFINO**

**D**

**01/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date