

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N24189

**Entity Name:** CYPRESS ISLAND PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
**Oct 28, 2021**  
**Secretary of State**  
**8172972586CC**

**Current Principal Place of Business:**

C/O SEA BREEZE CMS INC.  
4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

C/O SEA BREEZE CMS INC.  
4227 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

**FEI Number: 65-0049236**

**Certificate of Status Desired: No**

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

LEAVY LAW PA  
800 VILLAGE SQUARE CROSSING  
SUITE 347  
PALM BEACH GARDENS, FL 33410 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: MARIA S. LEAVY**

**10/28/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RHOTEN, PETER  
Address        C/O SEA BREEZE CMS INC.  
                  4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            DIRECTOR  
Name            ABEL, JEFF  
Address        C/O SEA BREEZE CMS INC.  
                  4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            TREASURER  
Name            VALZ, DENISE  
Address        C/O SEA BREEZE CMS INC.  
                  4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            SEC  
Name            KLORFEIN, MARY  
Address        C/O SEA BREEZE CMS INC.  
                  4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            DIRECTOR  
Name            RAHN, HOWARD  
Address        C/O SEA BREEZE CMS INC.  
                  4227 NORTHLAKE BLVD  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: PETER RHOTEN**

**PRESIDENT**

**10/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date