

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26107

Entity Name: CYPRESS LAKE AT WINSTON PARK HOMEOWNERS' ASSOCIATION, INC.**FILED**
Apr 11, 2024
Secretary of State
0946248519CC**Current Principal Place of Business:**C/O ALLIED PROPERTY MANAGEMENT GROUP, INC
1711 WORTHINGTON RD SUITE 103
WEST PALM BEACH, FL 33409**Current Mailing Address:**C/O ALLIED PROPERTY MANAGEMENT GROUP, INC
1711 WORTHINGTON RD SUITE 103
WEST PALM BEACH, FL 33409 US**FEI Number: 65-0069703****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TUCKER & LOKEINSKY, P.A.
800 E. BROWARD BLVD, SUITE 710
FORT LAUDERDALE, FL 33301 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:** JESSICA LOKEINSKY, ESQ.**04/11/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MUNOZ, RITA
Address	C/O ALLIED PROPERTY MANAGEMENT GROUP, INC 1711 WORTHINGTON RD SUITE 103
City-State-Zip:	WEST PALM BEACH FL 33409

Title	TREASURER
Name	BELLAFLORES, ROBERT
Address	C/O ALLIED PROPERTY MANAGEMENT GROUP, INC 1711 WORTHINGTON RD SUITE 103
City-State-Zip:	WEST PALM BEACH FL 33409

Title	SECRETARY
Name	MEADE, LISA MARIE
Address	C/O ALLIED PROPERTY MANAGEMENT GROUP, INC 1711 WORTHINGTON RD SUITE 103
City-State-Zip:	WEST PALM BEACH FL 33409

Title	DIRECTOR
Name	HAMLIN, VAN
Address	C/O ALLIED PROPERTY MANAGEMENT GROUP, INC 1711 WORTHINGTON RD SUITE 103
City-State-Zip:	WEST PALM BEACH FL 33409

Title	DIRECTOR
Name	VIOLANDI, CARMEN
Address	C/O ALLIED PROPERTY MANAGEMENT GROUP, INC 1711 WORTHINGTON RD SUITE 103
City-State-Zip:	WEST PALM BEACH FL 33409

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: RITA MUNOZ**PRESIDENT****04/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date