## 2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N39059

Entity Name: CYPRESS WOODS ASSOCIATION, INC.

**FILED** Sep 28, 2018 **Secretary of State** CC0310916114

# **Current Principal Place of Business:**

C/O DAVENPORT PROPERTY MANAGEMENT

6620 LAKE SUITE F LAKE WORTH, FL 33467

## **Current Mailing Address:**

C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. SUITE F LAKE WORTH, FL 33467 US

FEI Number: 65-0299532 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

LAKE WORTH FL 33467

BACKER, ABOUD, POLIAKOFF & FOELSTER 400 S. DIXIE HIGHWAY SUITE 420 BOCA RATON, FL 33432 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: STEVE CABALLERO 09/28/2018

Electronic Signature of Registered Agent

Date

LAKE WORTH FL 33467

**PRESIDENT** 

#### Officer/Director Detail:

City-State-Zip:

Title **SECRETARY** Title **TREASURER** 

Name RADKA, SHAWN Name SHERMAN, ROBERT

C/O DAVENPORT PROPERTY C/O DAVENPORT PROPERTY Address Address

> **MANAGEMENT MANAGEMENT** 6620 LAKE SUITE F 6620 LAKE SUITE F

> > City-State-Zip:

Title **PRESIDENT** Title DIRECTOR

KUPERMAN, PETER Name OKUNYADE, ADETUNJI Name

C/O DAVENPORT PROPERTY C/O DAVENPORT PROPERTY Address Address

> MANAGEMENT MANAGEMENT 6620 LAKE SUITE F 6620 LAKE SUITE F

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

SIGNATURE: PETER KUPERMAN

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.