

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90133 048 \*\*\*\*61.25

**DOCUMENT # N00000005751**

1. Entity Name  
CYPRESS LAKES HOMEOWNERS' ASSOCIATION OF ST.  
JOHNS, INC.



Principal Place of Business  
920 THIRD ST.  
STE.B  
NEPTUNE BEACH, FL 32266

Mailing Address  
920 THIRD ST.  
STE.B  
NEPTUNE BEACH, FL 32266

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-3669953

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, L. DENISE  
920 3RD ST.  
STE. B  
NEPTUNE BEACH, FL 32266

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
AYALA, MICHAEL R  
4556 GOLF RIDGE DRIVE  
ELKTON, FL 32033 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Williams, Clark  
4532 Golf Ridge Drive  
Elkton, FL 32033 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LENNON, WILLIAM J  
4480 GOLF RIDGE DRIVE  
ELKTON, FL 32033 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1VD  
Diloreto, Linda  
4420 Golf Ridge Drive  
Elkton, FL 32033 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MATHIS, ROBERT  
4628 PEELE STREET  
ELKTON, FL 32033 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VD  
King, Robert  
4535 Golf Ridge Drive  
Elkton, FL 32033 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GONGLA, JUDY  
4612 PEELE STREET  
ELKTON, FL 32033 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3VD  
Woods, James  
4500 Golf Ridge Drive  
Elkton, FL 32033 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
Covato, Ronald  
4552 Golf Ridge Drive  
Elkton, FL 32033 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
Deakins, Anthony  
4548 Golf Ridge Drive  
Elkton, FL 32033 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Clark Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

804 509 6520

Date

Daytime Phone #