

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90149 002 ****61.25

DOCUMENT # N03000000259

1. Entity Name
CYPRESS CREEK SOUTH OWNERS ASSOCIATION, INC.



Principal Place of Business
C/O SKINNER BROTHERS REALTY
2963 DUPONT AVE
JACKSONVILLE, FL 32217

Mailing Address
C/O SKINNER BROTHERS REALTY
2963 DUPONT AVE
JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE



04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
85-0484861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SKINNER, A.C. III
C/O SKINNER BROTHERS REALTY
2963 DUPONT AVE
JACKSONVILLE, FL 32217

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IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIR
SKINNER III, ARTHUR C
2963 DUPONT AVENUE
JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/05 904-732-9440