

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003458

FILED
May 03, 2010
Secretary of State

Entity Name: CYPRESS POINTE OF MACCLENNY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1712 KINGSLEY AV
STE 2
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 65908
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 54-2453610 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COMPLETE ASSOCIATION MANAGEMENT, INC.
1712 KINGSLEY AV
STE 2
ORANGE PARK, FL 32073 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ATLEE, KENYON S
Address: 5851 TIMUQUANA RD STE 301
City-St-Zip: JACKSONVILLE, FL 32210

Title: VSTD
Name: BRADFORD, ERIC N
Address: 5851 TIMUQUANA RD STE 301
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: CRISP, DALE K
Address: 5851 TIMUQUANA RD STE 301
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: MOUNTAIN, DONNA
Address: 5851 TIMUQUANA RD STE 301
City-St-Zip: JACKSONVILLE, FL 32210

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: KENYON ATLEE

DP

05/03/2010

Electronic Signature of Signing Officer or Director

Date