

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003458

FILED
Feb 18, 2011
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

Current Mailing Address:

P.O. BOX 65908
ORANGE PARK, FL 32065

New Principal Place of Business:

2870 SCHERER DRIVE NORTH
SUITE 100
ST.PETERSBURG, FL 33716

New Mailing Address:

2870 SCHERER DRIVE NORTH
SUITE 100
ST.PETERSBURG, FL 33716

FEI Number: 54-2453610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ZACUR, RICHARD A
5200 CENTRAL AVENUE
ST.PETERSBURG, FL 33707 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: RICHARD A. ZACUR

02/18/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: ALBURY, CHRISTYNE
Address: 200 SOUTH ORANGE AVENUE, 7TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: CVP
Name: KAISER, DANIEL
Address: 200 SOUTH ORANGE AVENUE, 7TH FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: DST
Name: KROLL, ANDREW
Address: 200 SOUTH ORANGE AVENUE, 7TH FLOOR
City-St-Zip: ORLANDO, FL 32801

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: JOE BOLDIGA

LCAM

02/18/2011

Electronic Signature of Signing Officer or Director

Date