


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

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N10733**

1. Entity Name  
 CYPRESS POINT EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 8130 BAYMEADOWS CIRCLE W. STE 202 JACKSONVILLE, FL 32256 US	Mailing Address 8130 BAYMEADOWS CIRCLE W. STE 202 JACKSONVILLE, FL 32256 US
--	--

**DO NOT WRITE IN THIS SPACE**



02182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2563448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

JOYCE CHAPELL PROPERTY SERVICES  
 8130 BAYMEADOWS CIRCLE  
 W STE 202  
 JACKSONVILLE, FL 32256

**DO NOT WRITE 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: Joyce Chappell (NOTE: Registered Agent signature required when reinstating)

DATE: 3/30/05

**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	PD FARR, JEANIE 8130 BAYMEADOWS CIR W. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAPPELL, JOYCE 8130 BAYMEADOWS CIRCLE W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLIER, MERRITT 8130 BAYMEADOWS CIRCLE W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, JOHN 8130 BAYMEADOWS CIRCLE W JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000289996  
 04/01/05-80050-006 61.25

**DO NOT WRITE IN THIS SPACE**

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: Joyce Chappell (NOTE: Signature and typed or printed name of signing officer or director)

DATE: 3/30/05 DAYTIME PHONE #: 904-731-8822