

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2004
Secretary of State**

DOCUMENT# N94000003903

Entity Name: CYPRESS HEAD RESIDENTIAL HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6251 PALM VISTA ST
PORT ORANGE, FL 32124

New Principal Place of Business:

Current Mailing Address:

1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 59-3263115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1166 PELICAN BAY DRIVE
JACKSONVILLE, FL 322119 US

Name and Address of New Registered Agent:

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: D () Delete
Name: CAMPION, TOM
Address: 6455 LONG LAKE DR.
City-St-Zip: PORT ORANGE, FL 32128

Title: DVP () Delete
Name: GUMKOWSKI, THOMAS
Address: 6383 CYPRESS SPRINGS PKWY
City-St-Zip: PORT ORANGE, FL 32128

Title: D () Delete
Name: HURT, JEFF
Address: 113 ALBATROSS WAY
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHROETER, GEORGE
Address: 6439 LONGLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: VP (X) Change () Addition
Name: DEYBER, JOHN
Address: 6408 LONGLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: T (X) Change () Addition
Name: SCIANO, TONY
Address: 6445 LONGLAKE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GEORGE SCHROETER

P

04/20/2004

Electronic Signature of Signing Officer or Director

_____ Date