

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90047 047 \*\*\*\*61.25

**DOCUMENT # N38596**

1. Entity Name

**CYPRESS COVE OF JUPITER HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

1930 COMMERCE LANE  
SUITE 1  
JUPITER FL 33458  
US

Mailing Address

1930 COMMERCE LANE  
SUITE 1  
JUPITER FL 33458  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)



4. FEI Number

65-0228334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

INGLIS, STEVE  
BRISTOL MANAGEMENT  
1930 COMMERCE LANE SUITE ONE  
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, RICHARD	
STREET ADDRESS	6822 CYPRESS COVE CR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POPE, BILL	
STREET ADDRESS	19165 TAMARA LANE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID GOODMAN	
STREET ADDRESS	6856 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	<del>V. P.</del> DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM PAGE	
STREET ADDRESS	6917 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL VERHOFF	
STREET ADDRESS	6995 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET MADEY	
STREET ADDRESS	6755 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	DIRECTOR V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT NEUMANN	
STREET ADDRESS	6203 CYPRESS COVE CIRCLE	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

3/28/05