

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

04-21-2006 90109 008 ****61.25

DOCUMENT # N94000003903

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



Principal Place of Business
1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

Mailing Address
1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

00010720



04082006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3263115

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

BARKIN, MICHELE
1166 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

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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 resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LOWE, SUSAN
STREET ADDRESS 6498 CYPRESS SPRINGS PARKWAY
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE VP
NAME FRYE, NORMAN
STREET ADDRESS 6432 LONGLAKE DRIVE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE T
NAME KEHPALMER, KENNETH
STREET ADDRESS 1175 SIESTA KEY CIRCLE
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Susan F. Lowe*