

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005751

FILED  
Mar 08, 2010  
Secretary of State

**Entity Name:** CYPRESS LAKES HOMEOWNERS' ASSOCIATION OF ST. JOHNS, INC.

**Current Principal Place of Business:**

920 THIRD ST.  
STE.B  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

**Current Mailing Address:**

920 THIRD ST.  
STE.B  
NEPTUNE BEACH, FL 32266

**New Mailing Address:**

**FEI Number:** 59-3669953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, L. DENISE  
920 3RD ST.  
STE. B  
NEPTUNE BEACH, FL 32266 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: V  
Name: LALONDE, RICHARD  
Address: 4449 GOLF RIDGE DRIVE  
City-St-Zip: ELKTON, FL 32033

Title: PD  
Name: KING, ROBERT  
Address: 4535 GOLF RIDGE DR  
City-St-Zip: ELKTON, FL 32033

Title: V  
Name: LOBO, CONNY  
Address: 5525 CYPRESS LINKS BLVD  
City-St-Zip: ELKTON, FL 32033

Title: T  
Name: MCGRIFF, JOSHUA  
Address: 5524 CYPRESS LINKS BLVD  
City-St-Zip: ELKTON, FL 32033

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: L DENISE WALLACE

RA

03/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date