

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005751

**Entity Name:** CYPRESS LAKES HOMEOWNERS' ASSOCIATION OF ST. JOHNS, INC.**FILED**  
**Mar 11, 2019**  
**Secretary of State**  
**5620304501CC****Current Principal Place of Business:**77 ALMERIA ST  
ST. AUGUSTINE, FL 32084**Current Mailing Address:**P.O. BOX 1389  
ST. AUGUSTINE, FL 32085 US**FEI Number: 59-3669953****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ALSOP PROPERTY MANAGEMENT, LLC  
77 ALMERIA ST  
ST. AUGUSTINE, FL 32084 US*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: JANEEN RAULERSON****03/11/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	BENTLEY , PATRICIA
Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	PRESIDENT
Name	STEWART, MITCH
Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	TREASURER
Name	ABEL, JAY
Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	SECRETARY
Name	DALE, ANN
Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	DIRECTOR
Name	BARLOW, JUDY
Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	AGENT
Name	RAULERSON, JANEEN L
Address	P.O. BOX 1389
City-State-Zip:	ST. AUGUSTINE FL 32085

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: JANEEN L RAULERSON****AGENT****03/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date