

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005751

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

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC7371891456**

**Current Principal Place of Business:**

461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 US

**FEI Number: 59-3669953**

**Certificate of Status Desired: No**

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

SOVEREIGN & JACOBS PROPERTY MANAGEMENT SERVICES, LLC  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080 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: ELLEN LUMPKIN**

**01/21/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name COVATO, TONI  
Address 461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER  
Name ABEL, JAY K  
Address 461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title SECRETARY  
Name BENTLEY, PATTY  
Address 461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title PRESIDENT  
Name BALDWIN, DOUGLAS  
Address 461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name BARLOW, JUDY  
Address 461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

*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: DOUGLAS BALDWIN**

**PRESIDENT**

**01/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date