

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009329

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

**Current Principal Place of Business:**

5455 A1A SOUTH  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

5455 A1A SOUTH  
ST AUGUSTINE, FL 32080 US

**FEI Number:** 20-1366863

**Certificate of Status Desired:** No

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

MAY MANAGEMENT SERVICES INC  
5455 A1A SOUTH  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           TREASURER  
Name           CASON SR, THOMAS  
Address        5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

Title           VP  
Name           WALLIS, RANDY  
Address        5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

Title           SECRETARY  
Name           SMITH, LAWRENCE  
Address        5455 A1A SOUTH  
City-State-Zip: ST AUGUSTINE FL 32080

Title           PRESIDENT  
Name           CHOYKE, RICHARD  
Address        5455 A1A SOUTH  
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:** RICHARD CHOYKE

**PRESIDENT**

**04/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date