

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009329

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

**FILED**  
**Feb 01, 2013**  
**Secretary of State**  
**CC6241687992**

**Current Principal Place of Business:**

475 W TOWN PLACE, SUITE 200  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

475 W TOWN PLACE, SUITE 200  
ST AUGUSTINE, FL 32092 US

**FEI Number: 20-1366863**

**Certificate of Status Desired: No**

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

SEVERN TRENT SERVICES, INC.  
475 W TOWN PLACE, SUITE 200  
ST AUGUSTINE, FL 32092 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: SHELI MORAN AS AGENT**

**02/01/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name RUSSELL, NANCY  
Address 475 W TOWN PLACE, SUITE 200  
City-State-Zip: ST AUGUSTINE FL 32092

Title VP  
Name STICKEL, TIMOTHY  
Address 475 W TOWN PLACE, SUITE 200  
City-State-Zip: ST AUGUSTINE FL 32092

Title DS  
Name CHAPELLE, ERNEST  
Address 475 W TOWN PLACE, SUITE 200  
City-State-Zip: ST AUGUSTINE FL 32092

Title D  
Name BOTTINI, PETER  
Address 475 W TOWN PLACE, SUITE 200  
City-State-Zip: ST AUGUSTINE FL 32092

Title DT  
Name CORTELL, RICHARD  
Address 475 W TOWN PLACE, SUITE 200  
City-State-Zip: ST AUGUSTINE FL 32092

*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: NANCY RUSSELL**

**PRESIDENT**

**02/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date