

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003458

Entity Name: CYPRESS POINTE OF MACCLENNY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

457 ISLAMORADA DR S
MACCLENNY, FL 32063

Current Mailing Address:

CYPRESS POINTE OF MACCLENNY HOMEOWNERS ASSOCIATION
P. O. BOX 1915
MACCLENNY, FL 32063 US

FEI Number: 54-2453610

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TREADWAY FENTON, PLLC
KEVIN FENTON
1111 AVENIDA DEL CIRCO, SUITE B
VENICE, FL 34285 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: JOHN K. TAYLOR

03/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FOX, JAY
Address 457 ISLAMORADA DR S
City-State-Zip: MACCLENNY FL 32063

Title VP, TREASURER
Name MEADOWS, JOHN
Address 415 ISLAMORADA DR. S
City-State-Zip: MACCLENNY FL 32063

Title SECRETARY
Name CLARK, SAMANTHA
Address 628 ISLAMORADA DR. N
City-State-Zip: MACCLENNY FL 32063

Title TREASURER
Name CRUZ, MICHELLE
Address 727 LARGO LN
City-State-Zip: MACCLENNY FL 32063

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: MICHELLE CRUZ

TREASURER

03/28/2015

Electronic Signature of Signing Officer/Director Detail

Date