

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000002167

**Entity Name:** CYPRESS HAMMOCK HOMEOWNERS ASSOCIATION, INC

**FILED**  
**May 19, 2021**  
**Secretary of State**  
**9628255845CC**

**Current Principal Place of Business:**

C/O FIRSTSERVICE RESIDENTIAL  
2300 MAITLAND CENTER PKWY SUITE 101  
MAITLAND, FL 32751

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL  
2300 MAITLAND CENTER PKWY SUITE 101  
MAITLAND, FL 32751 US

**FEI Number: 84-4897492**

**Certificate of Status Desired: No**

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

KATTELMANN, JAMES G  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 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            P  
Name            BURNS, MARY  
Address        4901 VINELAND ROAD, SUITE 500  
City-State-Zip: ORLANDO FL 32811

Title            VP  
Name            BAKER, ERIC  
Address        4901 VINELAND ROAD, SUITE 500  
City-State-Zip: ORLANDO FL 32811

Title            ST  
Name            IORIO, TONY  
Address        4901 VINELAND ROAD, SUITE 500  
City-State-Zip: ORLANDO FL 32811

*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: MARY BURNS**

**PRESIDENT**

**05/19/2021**

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

\_\_\_\_\_  
Date