

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38596

**FILED**  
**Mar 03, 2022**  
**Secretary of State**  
**1844148662CC**

**Entity Name:** CYPRESS COVE OF JUPITER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DRIVE, SUITE 109  
PALM BEACH GARDENS, FL 33403

**Current Mailing Address:**

C/O CAPITAL REALTY AVISORS, INC.  
600 SANDTREE DRIVE, SUITE 109  
PALM BEACH GARDENS, FL 33403 US

**FEI Number: 65-0228334**

**Certificate of Status Desired: No**

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

CAPITAL REALTY ADVISORS, INC.  
C/O CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DRIVE, SUITE 109  
PALM BEACH GARDENS, FL 33403 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: TODD JACKSON**

**03/03/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MAGNUSON, CLIFF  
Address C/O CAPITAL REALTY AVISORS, INC.  
600 SANDTREE DRIVE, SUITE 109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title VP  
Name CAIOZZO, PIERRA  
Address C/O CAPITAL REALTY AVISORS, INC.  
600 SANDTREE DRIVE, SUITE 109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title S  
Name GLOVER, JAMES  
Address C/O CAPITAL REALTY AVISORS, INC.  
600 SANDTREE DRIVE, SUITE 109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title T  
Name TUCKER, SUZAN  
Address C/O CAPITAL REALTY AVISORS, INC.  
600 SANDTREE DRIVE, SUITE 109  
City-State-Zip: PALM BEACH GARDENS FL 33403

Title DIRECTOR  
Name MCNABOE, DENISE  
Address C/O CAPITAL REALTY AVISORS, INC.  
600 SANDTREE DRIVE, SUITE 109  
City-State-Zip: PALM BEACH GARDENS FL 33403

*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: CLIFF MAGNUSON**

**P**

**03/03/2022**

Electronic Signature of Signing Officer/Director Detail

Date