

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50757

**Entity Name:** CYPRESS CREEK HOMEOWNERS ASSOCIATION OF BREVARD, INC.

**FILED**  
**Feb 07, 2023**  
**Secretary of State**  
**1639758847CC**

**Current Principal Place of Business:**

C/O CLAIRE ZORYK  
3630 PAINTED BUNTING PL  
GRANT, FL 32949

**Current Mailing Address:**

C/O CLAIRE ZORYK  
3630 PAINTED BUNTING PL  
GRANT, FL 32949

**FEI Number: 65-0388677**

**Certificate of Status Desired: No**

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

ZORYK, CLAIRE  
3630 PAINTED BUNTING PL  
GRANT, FL 32949 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            PRESIDENT  
Name            DANIELS, PATRICIA  
Address        5622 LOBLOLLY PLACE  
City-State-Zip: GRANT FL 32949

Title            SSECRETARY  
Name            FALENDYSZ, ALLICIA  
Address        5635 CYPRESS CREEK DRIVE  
City-State-Zip: GRANT FL 32949

Title            VP  
Name            BOLT, MARCI  
Address        5626 WOOD STORK LANE  
City-State-Zip: GRANT FL 32949

Title            TREASURER  
Name            WILLIAMS, ANDREW  
Address        5655 CYPRESS CREEK DRIVE  
City-State-Zip: GRANT FL 32949

Title            DIRECTOR  
Name            DION, STEVE D  
Address        5623 LOBLOLLY PLACE  
City-State-Zip: GRANT FL 32949

*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: PATRICIA DANIELS**

**PRESIDENT**

**02/07/2023**

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

\_\_\_\_\_  
Date