

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003903

Entity Name: CYPRESS HEAD RESIDENTIAL HOMEOWNER'S ASSOCIATION, INC.

FILED
Mar 03, 2016
Secretary of State
CC3278490857

Current Principal Place of Business:

6156 SABAL POINT CIRCLE
PORT ORANGE, FL 32128

Current Mailing Address:

PO BOX 291282
PORT ORANGE, FL 32129

FEI Number: 59-3263115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOCH, KAREN
6156 SABAL POINT CIRCLE
PORT ORANGE, FL 32128 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 LEE, RICH
Address 6393 LONGLAKE DRIVE
City-State-Zip: PORT ORANGE FL 32128

Title SECRETARY
Name DICHARA, PAULA
Address 6388 LONGLAKE DRIVE
City-State-Zip: PORT ORANGE FL 32128

Title VP, TREASURER
Name MIKE SHEFFIELD
Address 6457 LONGLAKE DRIVE
City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR
Name CAMPION, TOM
Address 6455 LONGLAKE DRIVE
City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR
Name KALMAN, ROSALIE
Address 6472 CYPRESS SPRINGS PARKWAY
City-State-Zip: PORT ORANGE FL 32128

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: RICH LEE

PRESIDENT

03/03/2016

Electronic Signature of Signing Officer/Director Detail

Date