

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003903

**Entity Name:** CYPRESS HEAD RESIDENTIAL HOMEOWNER'S ASSOCIATION, INC.**FILED**  
**Feb 21, 2014**  
**Secretary of State**  
**CC0009537069****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, RICHARD
Address	6393 LONGLAKE DRIVE
City-State-Zip:	PORT ORANGE FL 32128

Title	T
Name	VERACKA, JOE
Address	6469 RENAISSANCE DRIVE
City-State-Zip:	PORT ORANGE FL 32128

Title	SEC
Name	MESEROLL, NANCY L
Address	6373 FAIRWAY COVE DRIVE
City-State-Zip:	PORT ORANGE FL 32128

Title	VP
Name	HAWKINS, WILLIAM
Address	6438 RENAISSANCE DRIVE
City-State-Zip:	PORT ORANGE FL 32128

Title	DIRECTOR
Name	BLOESER, BOB
Address	6464 LONGLAKE DRIVE
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: RICHARD LEE****PRESIDENT****02/21/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date