

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003903

Entity Name: CYPRESS HEAD RESIDENTIAL HOMEOWNER'S ASSOCIATION, INC.**FILED**
Feb 28, 2020
Secretary of State
6464932950CC**Current Principal Place of Business:**5889 S WILLIAMSON BLVD STE 1301
PORT ORANGE, FL 32128**Current Mailing Address:**5889 S WILLIAMSON BLVD STE 1301
PORT ORANGE, FL 32128 US**FEI Number: 59-3263115****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WEBER, CHERYL
5889 S WILLIAMSON BLVD STE 1301
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	VP
Name	VAUGHN, NANCY
Address	5889 S WILLIAMSON BLVD STE 1301
City-State-Zip:	PORT ORANGE FL 32128

Title	TREASURER
Name	SHEFFIELD, MICHAEL
Address	5889 S WILLIAMSON BLVD STE 1301
City-State-Zip:	PORT ORANGE FL 32128

Title	PRESIDENT
Name	VERACKA, JOSEPH
Address	5889 S WILLIAMSON BLVD STE 1301
City-State-Zip:	PORT ORANGE FL 32128

Title	SECRETARY
Name	HAYNES, JERI
Address	5889 S WILLIAMSON BLVD STE 1301
City-State-Zip:	PORT ORANGE FL 32128

Title	DIRECTOR
Name	HOFFMAN, DAVE
Address	5889 S WILLIAMSON BLVD STE 1301
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: JOSEPH VERACKA**PRESIDENT****02/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date