## 2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N9400003903

Entity Name: CYPRESS HEAD RESIDENTIAL HOMEOWNER'S ASSOCIATION,

INC

**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

FILED Apr 27, 2018

Secretary of State CC5791733228

Officer/Director Detail:

Title VP Title DIRECTOR

Name DICHIARA, PAULA Name CARNEY, DIANE

Address 5889 S WILLIAMSON BLVD STE 1301 Address 5889 S WILLIAMSON BLVD STE 1301

City-State-Zip: PORT ORANGE FL 32128 City-State-Zip: PORT ORANGE FL 32128

Title SECRETARY Title TREASURER

Name VAUGHN, NANCY Name SHEFFIELD, MICHAEL

Address 5889 S WILLIAMSON BLVD STE 1301 Address 5889 S WILLIAMSON BLVD STE 1301

City-State-Zip: PORT ORANGE FL 32128 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

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

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/27/2018