


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90080 011 ****61.25

DOCUMENT # 769830 1. Entity Name CYPRESS CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business %MAY MANAGEMENT SERVICES INC 10036 SAWGRASS DR STE 1 PONTE VEDRA BCH., FL 32082			Mailing Address %MAY MANAGEMENT SERVICES INC 10036 SAWGRASS DR STE 1 PONTE VEDRA BCH., FL 32082		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2436941		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARENAS, PATRICIA MAY MANAGEMENT SERVICES, INC 10036 SAWGRASS DR STE 1 PONTE VEDRA BCH., FL 32082			Name ANTHONY J. COCKRELL Street Address (P.O. Box Number is Not Acceptable) 3455 US HIGHWAY 11A S. ST. AUGUSTINE FL 32086		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS		11.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD LAGEN, DIANA 4318 BLUE HERON DR PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	55.00 May Be Bobbie Cockrell Secretary 3080 Cypress Creek Drive N. Ponte Vedra FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AHEARN, JOHN 3027 CYPRESS CREEK DRIVE EAST PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennis L. Lane Treasurer 5207 Pheasant Run Court Ponte Vedra FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ORENSKY, JACK 4321 BLUE HERON DR PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bonnie J. Esser Director 3055 Cypress Creek Drive N. Ponte Vedra FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, PHILIP 3053 CYPRESS CREEK DR PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARBER, BRUCE 3010 CYPRESS CREEK DR PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Bruce Barber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-14-06</u> Daytime Phone # <u>285-4603</u>			