

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90001 013 \*\*\*\*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**

**40025191**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2436941**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARENAS, PATRICIA  
5455 US HWY A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

Name  
**May Management Services, Inc**

Street Address (P.O. Box Number is Not Acceptable)

**5455 US HWY A1A SOUTH**

City

**ST. AUGUSTINE**

FL

Zip Code

**32080**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**S  
COCKRELL, BOBBIE  
3080 CYPRESS CREEK DR NORTH  
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
LANE, DENNIS L  
5027 PHEASANT RUN CT  
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**T  
ORENSKY, JACK  
4321 BLUE HERON DR  
PONTE VEDRA BEACH, FL 32082** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
ESSER, BONNIE J  
3055 CYPRESS CREEK DR NORTH  
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
BARBER, BRUCE  
3010 CYPRESS CREEK DR  
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
Charles Adams  
5002 Butterwood Dr  
Ponte Vedra, FL 32082** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Bruce A Barber 2-22-07 285-4603**