

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769830

FILED
Mar 16, 2009
Secretary of State

Entity Name: CYPRESS CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

%MAY MANAGEMENT SERVICES INC
10036 SAWGRASS DR STE 1
PONTE VEDRA BCH., FL 32082

New Principal Place of Business:

10036 SAWGRASS DR WEST
SUITE 1
PONTE VEDRA BCH., FL 32082

Current Mailing Address:

%MAY MANAGEMENT SERVICES INC
10036 SAWGRASS DR STE 1
PONTE VEDRA BCH., FL 32082

New Mailing Address:

5455 A1A SOUTH ST
SUITE 3
SAINT AUGUSTINE, FL 32080

FEI Number: 59-2436941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT& SERVICES, INC
5455 US HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT& SERVICES, INC
5455 A1A SOUTH ST
SAINT AUGUSTINE, FL 32080 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: ANNA MARKS

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: COCKRELL, BOBBIE
Address: 3080 CYPRESS CREEK DR NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: LANE, DENNIS L
Address: 5027 PHEASANT RUN CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ADAMS, CHARLES
Address: 5002 BUTTONWOOD DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete
Name: ESSER, BONNIE J
Address: 3055 CYPRESS CREEK DR NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete
Name: BARBER, BRUCE
Address: 3010 CYPRESS CREEK DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: COCKRELL, BOBBIE
Address: 5455 A1A SOUTH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: LANE, DENNIS L
Address: 5455 A1A SOUTH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D (X) Change () Addition
Name: ADAMS, CHARLES
Address: 5455 A1A SOUTH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BARBER, BRUCE
Address: 5455 A1A SOUTH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE BARBER

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date