2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769830

FILED Mar 19, 2010 Secretary of State

Entity Name: CYPRESS CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10036 SAWGRASS DR WEST SUITE 1

PONTE VEDRA BCH., FL 32082

Current Mailing Address: New Mailing Address:

5455 A1A SOUTH ST 5455 A1A SOUTH

SUITE 3 SUITE 3

SAINT AUGUSTINE, FL 32080 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: Name and Address of New Registered Agent:

MAY MANAGEMENT& SERVICES, INC
5455 A1A SOUTH ST
5455 A1A SOUTH ST
5455 A1A SOUTH

SAINT AUGUSTINE, FL 32080 US 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: ANNIE MARKS 03/19/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S

Name: COCKRELL, BOBBIE Address: 5455 A1A SOUTH

City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T

 Name:
 AHEARN, JOHN L

 Address:
 5455 A1A SOUTH

 City-St-Zip:
 SAINT AUGUSTINE, FL 32080

Title: VP

Name: ADAMS, CHARLES Address: 5455 A1A SOUTH

City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: F

Name: BARBER, BRUCE Address: 5455 A1A SOUTH

City-St-Zip: SAINT AUGUSTINE, FL 32080

Title:

Name: WILLIAM, EGAN Address: 5455 A1A SOUTH

City-St-Zip: SAINT AUGUSTINE, FL 32080

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: BRUCE BARBER P 03/19/2010