


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90013 018 ****61.25

DOCUMENT # N00000005751 1. Entity Name CYPRESS LAKES HOMEOWNERS' ASSOCIATION OF ST. JOHNS, INC.					
Principal Place of Business 920 THIRD ST. STE.B NEPTUNE BEACH, FL 32266			Mailing Address 920 THIRD ST. STE.B NEPTUNE BEACH, FL 32266		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04142008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3669953				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 WALLACE, L. DENISE 920 3RD ST. STE. B NEPTUNE BEACH, FL 32266			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE PD NAME WILLIAMS, CLARK STREET ADDRESS 4532 GOLF RIDGE DR CITY-ST-ZIP ELKTON, FL 32033	<input checked="" type="checkbox"/> Delete				
TITLE 1VD NAME DILORETO, LINDA STREET ADDRESS 4420 GOLF RIDGE DR CITY-ST-ZIP ELKTON, FL 32033	<input checked="" type="checkbox"/> Delete				
TITLE 2VD NAME KING, ROBERT STREET ADDRESS 4535 GOLF RIDGE DR CITY-ST-ZIP ELKTON, FL 32033	<input type="checkbox"/> Delete				
TITLE 3VD NAME WOODS, JAMES STREET ADDRESS 4500 GOLF RIDGE DR CITY-ST-ZIP ELKTON, FL 32033	<input checked="" type="checkbox"/> Delete				
TITLE TD NAME COVATO, RONALD STREET ADDRESS 4552 GOLF RIDGE DR CITY-ST-ZIP ELKTON, FL 32033	<input checked="" type="checkbox"/> Delete				
TITLE SD NAME DEAKINS, ANTHONY STREET ADDRESS 4548 GOLF RIDGE DR CITY-ST-ZIP ELKTON, FL 32033	<input checked="" type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
D Richard Lalonde 4449 Golf Ridge Drive ELKTON, FL 32033					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
PD King, Robert 4535 Golf Ridge Dr ELKTON, FL 32033					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
D Bayer, Stacia 4708 Bartlett Court ELKTON, FL 32033					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
D - Lobo, Conny 5523 Cypress Links Blvd ELKTON, FL 32033					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
D McGriff, Joshua 5524 Cypress Links Blvd ELKTON, FL 32033					
<input type="checkbox"/> Change <input checked="" 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 4-21-08 Daytime Phone #					