

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 15, 2012
Secretary of State

DOCUMENT# N00000005751

Entity Name: CYPRESS LAKES HOMEOWNERS' ASSOCIATION OF ST. JOHNS, INC.**Current Principal Place of Business:**920 THIRD ST.
STE.B
NEPTUNE BEACH, FL 32266**New Principal Place of Business:**780 NORTH PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084**Current Mailing Address:**920 THIRD ST.
STE.B
NEPTUNE BEACH, FL 32266**New Mailing Address:**780 NORTH PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084**FEI Number:** 59-3669953**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WALLACE, L. DENISE
920 3RD ST.
STE. B
NEPTUNE BEACH, FL 32266 US**Name and Address of New Registered Agent:**FAUSTINI, STEVE
780 NORTH PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084 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: STEVE FAUSTINI

05/15/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** D
Name: DEAKINS, ANTHONY D
Address: 4548 GOLF RIDGE DRIVE
City-St-Zip: ELKTON, FL 32033**Title:** D
Name: HULSMAN, ROBERT L
Address: 4513 GOLF RIDGE DR
City-St-Zip: ELKTON, FL 32033**Title:** D
Name: COVATO, RONALD J
Address: 4552 GOLF RIDGE DRIVE
City-St-Zip: ELKTON, FL 32033**Title:** D
Name: PARKS, ELTON G
Address: 4417 GOLF RIDGE DRIVE
City-St-Zip: ELKTON, FL 32033**Title:** D
Name: ABEL, JAY K
Address: 5489 CYPRESS LINKS BLVD
City-St-Zip: ELKTON, FL 32033**Title:** D
Name: FETTICK, CAROL
Address: 4464 GOLF RIDGE DRIVE
City-St-Zip: ELKTON, FL 32033

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: STEVE FAUSTINI

RA

05/15/2012

Electronic Signature of Signing Officer or Director_____
Date