

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N03718

1. Entity Name

CYPRESS COVE OWNERS ASSOCIATION, INC.



Principal Place of Business

522 ISLANDER DR.
P.O. BOX 957
SAN MATEO FL 32187-0957

Mailing Address

522 ISLANDER DR.
P.O. BOX 957
SAN MATEO FL 32187-0957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2516993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUIRK, WILLIAM J.
226 S. MAIN ST
GAINESVILLE FL 32601

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DEBRA, JACKSON
STREET ADDRESS 778 RIDGEKAND RD
CITY- ST- ZIP SATSUMA FL 32189

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 00010024623
CITY- ST- ZIP 02/28/05-00030-004 61.25

TITLE VPD ☐ Delete
NAME KNIGHT, JEFFERY E
STREET ADDRESS 701 CARLON ROAD
CITY- ST- ZIP SATSUMA FL 32189

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

TITLE SD ☐ Delete
NAME GREEN, THOMAS D.
STREET ADDRESS 106 ISLANDER LANE
CITY- ST- ZIP SAN MATEO FL

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

TITLE TD ☐ Delete
NAME ROSS, JERRY R
STREET ADDRESS 121 ISLANDER LANE
CITY- ST- ZIP SATSUMA FL 32189

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas D Green SD 1-24-05 986-328-7541