

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90111 030 ****61.25

DOCUMENT # N05000001862					
1. Entity Name CYPRESS BAY COVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5210 BELFORD ROAD SUITE 400 JACKSONVILLE, FL 32256			Mailing Address 11555 CENTRAL PKWY 603 JACKSONVILLE, FL 32224		
2. Principal Place of Business - No P.O. Box # 11555 Central Pkwy			3. Mailing Address		
Suite, Apt. #, etc. Suite 603			Suite, Apt. #, etc.		
City & State Jacksonville, FL			City & State		
Zip 32224		Country		Zip 32224	
Country		Country		4. FEI Number 56-2506162	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEFURIO, JIM 201 E. KENNEDY BLVD. STE 1460 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name: <u>Ronald Cotterill</u> Street Address (P.O. Box Number is Not Acceptable): 1010 N. Florida Ave. City: <u>Tampa</u> FL Zip Code: <u>33602</u>	
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: <u>Ronald Cotterill</u> DATE: <u>3/2-17-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLLER, JOHN 13338 LONG CYPRESS TRAIL JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMARTINI, ALEX 13282 LONG CYPRESS TRAIL JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, CAROLL 13481 LONG CYPRESS TRAIL JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PREDDY, LEWIS 1841 LONG CYPRESS CT JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEDMAN, JUDY 13313 LONG CYPRESS TRAIL JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Catherine Steckner 1817 Long Cypress Ct. Jacksonville, FL 32223 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 an other like empowered.					
SIGNATURE: <u>John Holler</u> <u>John Holler</u> <u>4/1/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					