

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001862

FILED
Apr 26, 2012
Secretary of State

Entity Name: CYPRESS BAY COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7400 BAYMEADOWS WAY - SUITE 317
JACKSONVILLE, FL 32256

New Principal Place of Business:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256

Current Mailing Address:

7400 BAYMEADOWS WAY - SUITE 317
JACKSONVILLE, FL 32256

New Mailing Address:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256

FEI Number: 56-2506162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.
7400 BAYMEADOWS WAY - SUITE 317
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GAULT, RALPH
Address: 7400 BAYMEADOWS WAY, SUITE 317
City-St-Zip: JACKSONVILLE, FL 32256

Title: TRES
Name: USHER, VICTOR
Address: 7400 BAYMEADOWS WAY, SUITE 317
City-St-Zip: JACKSONVILLE, FL 32256

Title: SECY
Name: BREEN, KAYE
Address: 7400 BAYMEADOWS WAY, SUITE 317
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR
Name: STECKNER, CATHERINE
Address: 7400 BAYMEADOWS WAY, SUITE 317
City-St-Zip: JACKSONVILLE, FL 32256

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: RALPH GAULT

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

Date