

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90002 049 \*\*\*\*61.25

<b>DOCUMENT # N05000012329</b> 1. Entity Name CYPRESS TRACE MASTER OWNERS ASSOCIATION, INC.					
Principal Place of Business 6620 SOUTHPOINT DRIVE SOUTH, SUITE 400 JACKSONVILLE, FL 32216			Mailing Address 6620 SOUTHPOINT DRIVE SOUTH, SUITE 400 JACKSONVILLE, FL 32216		
2. Principal Place of Business <i>CLOMAY MANAGEMENT</i> Suite, Apt. #, etc. <i>5455 AIA So</i>		3. Mailing Address <i>← SAME</i> Suite, Apt. #, etc.			
City & State <i>ST AUGUSTINE FL</i>		City & State		4. FEI Number <i>20-4435385</i>	
Zip <i>32080</i>		Country <i>ST. JOHNS</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  RILEY, JAMES F 6620 SOUTHPOINT DRIVE SOUTH, SUITE 400 JACKSONVILLE, FL 32216				7. Name and Address of New Registered Agent Name <i>MAY MANAGEMENT SERVICES INC</i> Street Address (P.O. Box Number is Not Acceptable) <i>5455 AIA So</i> City <i>ST AUGUSTINE</i> <b>FL</b> Zip Code <i>32080</i>	
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 <i>Cathy Trice</i> DATE <i>7/24/06</i> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRICK, CATHY <input type="checkbox"/> Delete 6620 SOUTHPOINT DRIVE SOUTH, SUITE 400 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEERY, JASON <input type="checkbox"/> Delete 6620 SOUTHPOINT DRIVE SOUTH, SUITE 400 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BOYD, LISA <input type="checkbox"/> Delete 6620 SOUTHPOINT DRIVE SOUTH, SUITE 400 JACKSONVILLE, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Cathy Trice</i> <i>Cathy Trice/President</i> <i>7-27-06</i> <i>(904) 296-4551</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50024025**



07192006 Chg-NP CR2E037 (4/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name *MAY MANAGEMENT SERVICES INC*  
 Street Address (P.O. Box Number is Not Acceptable)  
*5455 AIA So*  
 City *ST AUGUSTINE* **FL** Zip Code *32080*

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 SIGNATURE *Cathy Trice* DATE *7/24/06*  
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**SIGNATURE:** *Cathy Trice* *Cathy Trice/President* *7-27-06* *(904) 296-4551*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #