

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N10733

1. Entity Name
CYPRESS POINT EXECUTIVE CENTER CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
8130 BAYMEADOWS CIRCLE W.
STE 202
JACKSONVILLE, FL 32256 US

Mailing Address
8130 BAYMEADOWS CIRCLE W.
STE 202
JACKSONVILLE, FL 32256 US



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2563448

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOYCE CHAPPELL PROPERTY SERVICES
8130 BAYMEADOWS CIRCLE
W STE 202
JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | P |
| NAME | COLLIER, MERRITT |
| STREET ADDRESS | 8130 BAYMEADOWS CIR W |
| CITY-STATE-ZIP | JACKSONVILLE, FL 32256 |
| TITLE | TD |
| NAME | CHAPPELL, JOYCE |
| STREET ADDRESS | 8130 BAYMEADOWS CIRCLE W |
| CITY-STATE-ZIP | JACKSONVILLE, FL |
| TITLE | VP |
| NAME | PEARCE, JACK |
| STREET ADDRESS | 8180 BAYMEADOWS CIR W |
| CITY-STATE-ZIP | JACKSONVILLE, FL 32256 |
| TITLE | S |
| NAME | PEARCE, ELLEN |
| STREET ADDRESS | 8130 BAYMEADOWS CIR W |
| CITY-STATE-ZIP | JACKSONVILLE, FL 32256 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |

U00000647358
03/06/07-80067-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07 904-731-8822
Date Daytime Phone #