

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

'95 MAR -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13121 (1)

1. Corporation Name

CYPRESS BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13458 MOSSY
CYPRESS DR.
JACKSONVILLE FL 32223

13459 A MOSSY
CYPRESS DR.
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

01/23/1986

05/01/1994

4. FEI Number

Applied For

59-2767773

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 13254 Pecky Cypress Dr.
Suite, Apt. #, etc.

25 13459-A Mossy Cypress Dr.
Suite, Apt. #, etc.

22 City & State
23 Jacksonville FL

27 City & State
28 Jacksonville FL

24 FL 32223 25 USA

29 32223 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOTHERWAY, JOE
13458 MOSSY CYPRESS DR.
JACKSONVILLE FL 32223

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 13254 Pecky Cypress Drive

84 City

85 Jacksonville FL

86 Zip Code

87 32223

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Stephen W. Young STEPHEN W. YOUNG

2/22/95

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MOTHERWAY, JOE
STREET ADDRESS 13458 MOSSY CYPRESS DR.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE VD
NAME YOUNG, STEPHEN
STREET ADDRESS 13254 PECKY CYPRESS DR.
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE STD
NAME TAPP, JAMES D JR
STREET ADDRESS 1732 PECKY CYPRESS LN
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Young, Stephen W
1.3 STREET ADDRESS 13254 Pecky Cypress Drive
1.4 CITY-ST-ZIP Jacksonville FL 32223

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Dearing, Jeannette
2.3 STREET ADDRESS 1703 Mossy Cypress Lane
2.4 CITY-ST-ZIP Jacksonville FL 32223

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME no change
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen W. Young STEPHEN W. YOUNG

2/22/95

904 260-3052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number