

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N13121** (1)
1. Corporation Name
CYPRESS BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
13254 PECKY CYPRESS DR.
JACKSONVILLE FL 32223
US
13459-A MOSSY CYPRESS DR.
CYPRESS DR.
JACKSONVILLE FL 32223
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1986		3a. Date of Last Report 03/01/1995	
21 13431 Mossy Cypress Dr.		26 Suite, Apt. #, etc.		4. FEI Number 59-2767773		Applied For Not Applicable	
22 City & State Jacksonville FL		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip 32223 Country US		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 32223 25 US		29 32223 30 US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent YOUNG, STEPHEN W 13254 PECKY CYPRESS DRIVE JACKSONVILLE FL 32223				10. Name and Address of New Registered Agent 81 Name Lou Nussbaum 82 Street Address (P.O. Box Number is Not Acceptable) 13431 Mossy Cypress Dr. 83 Jacksonville FL 84 Zip Code 32223			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Lou Nussbaum, President** **Lou Nussbaum** **Feb. 5, 1996**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☒ DELETE		1.1 TITLE	PD	☒ Change ☐ Addition	
NAME	YOUNG, STEPHEN W			1.2 NAME	Lou Nussbaum		
STREET ADDRESS	13254 PECKY CYPRESS DRIVE			1.3 STREET ADDRESS	13431 Mossy Cypress Dr.		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville FL 32223		
TITLE	VD	☒ DELETE		2.1 TITLE	VD	☒ Change ☐ Addition	
NAME	YOUNG, STEPHEN			2.2 NAME	Jeffrey Vanderpool		
STREET ADDRESS	1703 MOSSY CYPRESS LANE			2.3 STREET ADDRESS	1658 Red Cypress Dr.		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	Jacksonville FL 32223		
TITLE	STD	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	TAPP, JAMES D JR			3.2 NAME			
STREET ADDRESS	1732 PECKY CYPRESS LN			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32223			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 119.07(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: **Lou Nussbaum** **Feb. 5, 1996** **260-0415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)