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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
13431 MOSSY CYPRESS DR JACKSONVILLE FL 32223 US	13459-A MOSSY CYPRESS DR. JACKSONVILLE FL 32223 US

3. Date Incorporated or Qualified: 01/23/1986

4. FEI Number: 59-2767773 ☐ Applied For ☐ 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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1715 Red Cypress Drive	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Jacksonville FL	28 City & State
24 32223 Zip / 25 U S Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

NUSSBAUM, LOU
13431 MOSSY CYPRESS DR
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name: Patterson, Mary
82 Street Address (P.O. Box Number is Not Acceptable): 1715 Red Cypress Drive
83
84 City: Jacksonville **FL** 85 Zip Code: 32223

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: Mary Patterson, President (Mary Patterson) 2/2/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NUSSBAUM, LOU		1.2 NAME	Patterson, Mary	
STREET ADDRESS	13431 MOSSY CYPRESS DR		1.3 STREET ADDRESS	1715 Red Cypress Drive	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville FL 32223	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAPP, JAMES D JR		2.2 NAME		
STREET ADDRESS	1732 PECKY CYPRESS LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	PATTERSON, MARY		3.2 NAME	Lynch, Dennis	
STREET ADDRESS	1715 RED CYPRESS DR		3.3 STREET ADDRESS	1711 Mossy Cypress Ln	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville FL 32223	
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		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mary Patterson, President (Mary Patterson) 2/2/98 904-268-8454