FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
98 JUL 14 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 13121

1. Corporation Name
Cypress Bay Homeowners Association Inc.

Principal Place of Business
1711 Mossy Cypress Ln.
Jacksonville FL 32223

Mailing Address
13459-A Mossy Cypress Drive
Jacksonville FL 32223

3. Date Incorporated or Qualified: 1/23/86

4. FEI Number: 59-2767773 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 1711 Mossy Cypress Ln
22 Suite, Apt. #, etc.
23 City & State: Jacksonville FL
24 Zip: 32223 25 Country: US

2a. Mailing Address
26 13459-A Mossy Cypress Dr.
27 Suite, Apt. #, etc.
28 City & State: Jacksonville FL
29 Zip: 32223 30 Country: US

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

9. Name and Address of Current Registered Agent
Patterson, Mary
1715 Red Cypress Drive
Jacksonville FL 32223

10. Name and Address of New Registered Agent
81 Name: Lynch, Dennis
82 Street Address (P.O. Box Number is Not Acceptable): 1711 Massy Cypress Ln
83
84 City: Jacksonville FL 85 Zip Code: 32223

11. Pursuant to the provisions of Sections 617.0501 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: [signature] Lynch, Dennis 6/29/98
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		☐ Change ☐ Addition
NAME	Lynch, Dennis		1.2 NAME		
STREET ADDRESS	1711 Mossy Cypress Ln		1.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville FL 32223		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Haines, Karen		2.2 NAME		
STREET ADDRESS	13400 Mossy Cypress Dr.		2.3 STREET ADDRESS	900000255145353 -07/21738--01101--007	☐
CITY-ST-ZIP	Jacksonville FL 32223		2.4 CITY-ST-ZIP	*****61.25	*****61.25
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Tapp, James		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	LFT 7-15-98	
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: [signature] Dennis Lynch 6/29/98 904-262-2510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #