2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State
02-26-2000 90028 048 ****61.25

DOCUMENT # N13121

1. Entity Name

CYPRESS BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1711 MOSSY CYPRESS LANE JACKSONVILLE FL 32223 US	13459-A MOSSY CYPRESS DR. JACKSONVILLE FL 32223-5021 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13459 Mossy Cypress Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville FL	
Zip: 32223 Country: US	Zip: Country:

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

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

6. Name and Address of Current Registered Agent

LYNCH, DENNIS
1711 MOSSY CYPRESS LANE
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name: Paul McLester
Street Address (P.O. Box Number is Not Acceptable): 13459 Mossy Cypress Dr.
City: Jacksonville **FL** Zip Code: 32223

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.

SIGNATURE: Paul McLester — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 2/14/00

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LYNCH, DENNIS 1711 MOSSY CYPRESS LANE JACKSONVILLE FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Paul McLester 13459 Mossy Cypress Drive Jacksonville FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ASHTEN, LINDA 1710 RED CYPRESS DR. JACKSONVILLE FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Kim Howard 1700 Mossy Cypress Ln Jacksonville FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TAPP, JAMES 1732 PECKY CYPRESS LANE JACKSONVILLE FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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 REQUIRED Paul McLester — 2/14/00 — (904) 292-9593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #