FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 11 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13121

1. Corporation Name

Cypress Bay Homeowners Assoc. Inc

Principal Place of Business
13266 Pecky Cypress Dr.
Jacksonville FL 32223

Mailing Address
13459-A Mossy Cypress Drive
Jacksonville FL 32223

2. Principal Place of Business
13266 Pecky Cypress Dr
Suite, Apt. #, etc.
City & State
Jacksonville FL
Zip 32223 Country 25 US

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

3. Date Incorporated or Qualifed 1/23/86

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

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

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

9. Name and Address of Current Registered Agent

Paul McLester
13459 Mossy Cypress Drive
Jacksonville FL 32223

10. Name and Address of New Registered Agent

81 Name Ryan Curtis
82 Street Address (P.O. Box Number is Not Acceptable) 13266 Pecky 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 Ryan C Curtis Ryan C Curtis 4/4/00
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	Ryan Curtis		1.2 NAME	
STREET ADDRESS	13266 Pecky Cypress Drive		1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32223		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Kim Howard		2.2 NAME	900003221419--0
STREET ADDRESS	1700 Mossy Cypress Ln		2.3 STREET ADDRESS	-04/24/00--01152--013
CITY-ST-ZIP	Jacksonville FL 32223		2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	James Tapp		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	KE

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: James Tapp James Tapp 4/3/00 904-268-8372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #