

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13121

1. Entity Name

CYPRESS BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

13266 PECKY CYPRESS DR.
JACKSONVILLE FL 32223
US

Mailing Address

13459-A MOSSY CYPRESS DR.
JACKSONVILLE FL 32223
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

CURTIS, RYAN
13266 PECKY CYPRESS DR.
JACKSONVILLE FL 32223

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	☐ Delete
NAME	CURTIS, RYAN	
STREET ADDRESS	13266 PECKY CYPRESS DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VD	☒ Delete
NAME	HOWARD, KIM	
STREET ADDRESS	1700 MOSSY CYPRESS LD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	STD	☐ Delete
NAME	TAPP, JAMES	
STREET ADDRESS	1732 PECKY CYPRESS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☐ Change ☒ Addition
NAME	Friberg, Ellen	
STREET ADDRESS	13221 Pecky Cypress Drive	
CITY-ST-ZIP	Jacksonville FL 32223	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James Tapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90069 033 *****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)