

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90078 031 ****61.25

DOCUMENT # N13121 1. Entity Name CYPRESS BAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1715 RED CYPRESS DRIVE 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		4. FEI Number 59-2767773	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ONEILL, BILL 1751 MOSSY CYPRESS LN JACKSONVILLE, FL 32223			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>Jame</i> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Susan Hale</i> (Susan Hale) DATE <i>3-7-04</i> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ONEILL, BILL 1751 MOSSY CYPRESS LN JACKSONVILLE, FL 32223	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANELLS, CHRISTINE 1710 RED CYPRESS DR JACKSONVILLE, FL 32223	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTER DAVIS 13400 mossy cypress Drive Jacksonville, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HALE, SUSAN 1715 RED CYPRESS DR 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
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: <i>Susan Hale</i> (Susan Hale) <i>3-7-04</i> <i>(904) 260-6736</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					