

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 18, 2005 08:00 AM
Secretary of State

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



03182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

ONEILL, BILL
1751 MOSSY CYPRESS LN
JACKSONVILLE, FL 32223

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ONEILL, BILL
STREET ADDRESS 1751 MOSSY CYPRESS LN
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE VD
NAME DAVIS, WALTER
STREET ADDRESS 13400 MOSSY CYPRESS DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE STD
NAME HALE, SUSAN
STREET ADDRESS 1715 RED CYPRESS DR
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/05 (904) 260-6736