2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# N13121

Entity Name: CYPRESS BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1715 RED CYPRESS DRIVE
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

13459-A MOSSY CYPRESS DRIVE
JACKSONVILLE, FL 32223 US

Current Mailing Address:

13459-A MOSSY CYPRESS DR.
JACKSONVILLE, FL 32223 US

New Mailing Address:

13459-A MOSSY CYPRESS DRIVE
JACKSONVILLE, FL 32223 US

FEI Number: 59-2767773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ONEILL, BILL
1751 MOSSY CYPRESS LN
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

CHIAPPUTO, MICHAEL
13459-A MOSSY CYPRESS DRIVE
JACKSONVILLE, FL 32223 US

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: MICHAEL CHIAPPUTO 01/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ONEILL, BILL
Address: 1751 MOSSY CYPRESS LN
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VD ( ) Delete
Name: DAVIS, WALTER
Address: 13400 MOSSY CYPRESS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: STD ( ) Delete
Name: HALE, SUSAN
Address: 1715 RED CYPRESS DR
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHIAPPUTO, MICHAEL
Address: 13459-A MOSSY CYPRESS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VD (X) Change ( ) Addition
Name: DAVIS, WALTER
Address: 13459-A MOSSY CYPRESS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD (X) Change ( ) Addition
Name: STEVENSON, PAUL
Address: 13459-A MOSSY CYPRESS DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CHIAPPUTO P 01/06/2006
Electronic Signature of Signing Officer or Director Date