


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90084 031 \*\*\*\*61.25

**DOCUMENT # N16330**

1. Entity Name  
**CYPRESS BRIDGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**C/O MAY MGMT. SERVICES, INC.  
 10036 SAWGRASS DRIVE, SUITE 1  
 PONTE VEDRA BEACH, FL 32082**

Mailing Address  
**C/O MAY MGMT. SERVICES, INC.  
 10036 SAWGRASS DRIVE, SUITE 1  
 PONTE VEDRA BEACH, FL 32082**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01312005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-2859961**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ARENAS, PATRICIA  
 MAY MGMT. SERVICES, INC.  
 10036 SAWGRASS DRIVE, SUITE 1  
 PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent  
 Name **MAY MANAGEMENT SERVICES INC**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10036 SAWGRASS DR STE 1**  
 City **PONTE VEDRA BCH** FL Zip Code **32082**

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 *Cynthia H. O'Neil* **CYNTHIA H. O'NEIL, V-P.** **2/10/05**  
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**

**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	<b>D</b> <b>WALKER, VAUGHAN</b> <b>7029 CYPRESS BRIDGE DR N</b> <b>PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>KENNEDY, WENDY</b> <b>7030 CYPRESS BRIDGE DRIVE</b> <b>PONTE VEDRA BCH, FL 32082</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RUVANNE, ANN J</b> <b>7027 CYPRESS BRIDGE DRIVE N.</b> <b>PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCHERRON, JACK</b> <b>7026 CYPRESS BRIDGE DRIVE</b> <b>PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GARRETT, HARRY</b> <b>7079 CYPRESS BRIDGE DR., S</b> <b>PONTE VEDRA BEACH, FL 32082</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **2-11-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #