
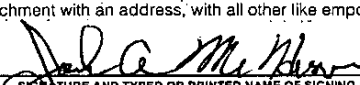


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90075 047 ****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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-2859961 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MAY MGMT. SERVICES, INC. 10036 SAWGRASS DR STE 1 PONTE VEDRA BEACH, FL 32082 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALKER, VAUGHAN <input type="checkbox"/> Delete 7029 CYPRESS BRIDGE DR N. PONTE VEDRA BEACH, FL 32082 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KENNEDY, WENDY <input type="checkbox"/> Delete 7030 CYPRESS BRIDGE DRIVE PONTE VEDRA BCH, FL 32082 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RUUVANNE, ANN J <input type="checkbox"/> Delete 7027 CYPRESS BRIDGE DRIVE N. PONTE VEDRA BEACH, FL 32082 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCHERRON, JACK <input type="checkbox"/> Delete 7026 CYPRESS BRIDGE DRIVE PONTE VEDRA BEACH, FL 32082 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Jack AmCherron <input type="checkbox"/> Change <input type="checkbox"/> Addition 7026 Cypress Bridge Dr N. Ponte Vedra Bch, FL 32082 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GARRETT, HARRY <input checked="" type="checkbox"/> Delete 7079 CYPRESS BRIDGE DR., S PONTE VEDRA BEACH, FL 32082 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LOWE, SPENCER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7050 Cypress Bridge Dr. S PONTE VEDRA BEACH, FL 32082 | |
| 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 exemptions contained 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 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 exemption. | | | | | |
| SIGNATURE:  | | | 2-23-06 904 610 2998 Date Daytime Phone # | | |