

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90007 039 ****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



01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2859961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAY MGMT SERVICES, INC
10036 SAWGRASS DR
STE 1
PONTE VEDRA BEACH, FL 32082

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE V
NAME WALKER, VAUGHAN
STREET ADDRESS 7029 CYPRESS BRIDGE DR N
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE D *Hixenbaugh*
NAME HIXENBAUGH, CHRIS
STREET ADDRESS 7010 CYPRESS BRIDGE DR N
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082

TITLE SD
NAME RUVANNE, ANN J
STREET ADDRESS 7027 CYPRESS BRIDGE DRIVE N.
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE P
NAME MCHERRON, JACK
STREET ADDRESS 7026 CYPRESS BRIDGE DR N
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE T
NAME LOWE, SPENCER
STREET ADDRESS 7050 CYPRESS BRIDGE DR S
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 empowered.

SIGNATURE

Jack A. McHerron Jack A McHerron 1-23-08 (904) 610-2998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #