

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16330

FILED
Mar 26, 2009
Secretary of State

Entity Name: CYPRESS BRIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

10036 SAWGRASS DRIVE WEST
SUITE 1
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

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

New Mailing Address:

5455 A1A SOUTH ST
SUITE 3
SAINT AUGUSTINE, FL 32080

FEI Number: 59-2859961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC
5455 A1A SOUTH ST
SUITE 3
SAINT AUGUSTINE, FL 32080 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: ANNA MARKS

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WALKER, VAUGHAN
Address: 7029 CYPRESS BRIDGE DR N
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete
Name: HIXENBAUGH, CHRIS
Address: 7010 CYPRESS BRIDGE DR N
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: SD (X) Delete
Name: RUVANNE, ANN J
Address: 7027 CYPRESS BRIDGE DRIVE N.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete
Name: MCHERRON, JACK
Address: 7026 CYPRESS BRIDGE DR N
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: LOWE, SPENCER
Address: 7050 CYPRESS BRIDGE DR S
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: WALKER, VAUGHAN
Address: 5455 A1A SOUTH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MCHERRON, JACK A
Address: 5455 A1A SOUTH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: LOWE, SPENCER
Address: 5455 A1A SOUTH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S () Change (X) Addition
Name: REITSMA, WIL
Address: 5455 A1A SOUTH ST
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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: JACK A. MCHERRON

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date