

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N16506

**FILED**  
**Nov 09, 2010**  
**Secretary of State**

**Entity Name:** CYPRESS HAMMOCK ASSOCIATION, INC.

**Current Principal Place of Business:**

4034 LAURELWOOD DRIVE  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 57356  
JACKSONVILLE, FL 32241 US

**New Mailing Address:**

**FEI Number:** 59-2727354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BATTISTA, DONALD  
1116 NORTH EDGEWOOD AVE  
JACKSONVILLE, FL 32254 US

**Name and Address of New Registered Agent:**

HONEYCUT, DIANA PRESIDE  
4034 LAURELWOOD DRIVE  
JACKSONVILLE, FL 32257 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: DIANA HONEYCUT

11/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HONEYCUT, DIANA PRESIDE  
Address: 4034 LAURELWOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: T  
Name: ALLEN, TRACY TREASUR  
Address: 4150 STILLWOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP  
Name: FORD, LORETTA VICEPRE  
Address: 4054 STILLWOOD DRIVE  
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby 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 all other like empowered.

SIGNATURE: TRACY ALLEN

TREA

11/09/2010

Electronic Signature of Signing Officer or Director

Date