

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000015

FILED
May 02, 2007
Secretary of State

Entity Name: TALL CYPRESS COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12801 EDENBRIDGE CT.
JACKOSNVILLE, FL 32223 US

New Principal Place of Business:

12720 EDENBRIDGE CT.
JACKOSNVILLE, FL 32223 US

Current Mailing Address:

MARSHA BRADSHAW
12801 EDENBRIDGE CT.
JACKSONVILLE, FL 32223 US

New Mailing Address:

GAMAL LYONS
12720 EDENBRIDGE CT.
JACKSONVILLE, FL 32223 US

FEI Number: 59-3305663 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NYKERK, JEFF
12737 EDENBRIDGE CT.
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

LYONS, GAMAL
12720 EDENBRIDGE CT.
JACKSONVILLE, FL 32223 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: GAMAL LYONS

05/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NYKERK, JEFF
Address: 12737 EDENBRIDGE CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: T () Delete
Name: BRADSHAW, MARSHA
Address: 12801 EDENBRIDGE CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: LYONS, GAMAL
Address: 12720 EDENBRIDGE CT
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASH, JAMES
Address: 12769 EDENBRIDGE CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD (X) Change () Addition
Name: BOOTH, LALAND
Address: 12729 EDENBRIDGE CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD (X) Change () Addition
Name: LYONS, GAMAL
Address: 12720 EDENBRIDGE CT
City-St-Zip: JACKSONVILLE, FL 32223

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: GAMAL LYONS

TD

05/02/2007

Electronic Signature of Signing Officer or Director

Date