

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90001 018 ****61.25

DOCUMENT # N95000000651					
1. Entity Name THE CYPRESS COVE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 846 CHICKADEE DR. PORT ORANGE, FL 32127			Mailing Address PO BOX 291454 PORT ORANGE, FL 32129		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3042290				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BATCHELOR, WILLIAM W 846 CHICKADEE DR. DAYTONA BEACH, FL 32114			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILLARD, RAYMOND 924 CHICKADEE DRIVE PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODRICH, BOB 880 CHICKADEE DRIVE PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOFTALL, MARIAN 857 CHICKADEE DRIVE PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DELL, NEIL 856 CHICKADEE DRIVE PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOEKEL, ROBERT 837 CHICKADEE DRIVE PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, IRIS 861 CHICKADEE DRIVE PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DAVID 882 CHICKADEE DR PORT ORANGE FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Raymond & Theresa Hillard</i>			1/8/04 (386) 767-4516		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		