## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # N95000000651

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

1. Entity Name THE CYPRESS COVE HOMEOWNER'S ASSOCIATION, INC.									01-12	2-2004	90001 01	18 ****6	51.25
846 CHICKADEE DR. PO E				Mailing Address PO BOX 291454 PORT ORANGE, FL 32129							-		
Principal Place of Business     3. Ma				3. Mailing Address									
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			01072004	Chg-Ni	P	CR2E037	(10/03)		
City & State			City	City & State				4. FEI Number 59-304				<u> </u>	plied For
Zip	Zip Country		Zip	Zip Cour		try		5. Certificate	of Status [	Desired		8.75 Add ee Require	
	6. Name	and Address of Current	Registered	Agent				7. Name and	Address	of New Re	egistered Aç	jent	
DATOUEL						Name							
BATCHELOR, WILLIAM W 846 CHICKADEE DR. DAYTONA BEACH, FL 32114						Street Address (P.O. Box Number is Not Acceptable)							
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						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.		d or printed name of registered agent	and title if applic	cable. (NOTE	E: Registered /	Agent signatu	ne required	when reinstating)			DATE		
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2004 Trust Fund Contribut													
		May 1, 2004			Contribution			\$5.00 May E Added to Fees	2000	Flori	ake check da Departi	nent of St	ate
10.	Due by N		RECTORS	Trust Fund C	Ontribution			\$5.00 May B Added to Fees	2000	Flori	da Departi RS AND DIRI	nent of St	10
TITLE	Due by N	OFFICERS AND DIE	RECTORS		11.				2000	Flori	da Departi RS AND DIRI	nent of St	ate
TITLE NAME	T HILLARD	May 1, 2004  OFFICERS AND DIE	RECTORS	Trust Fund C	11. TITLE NAME	n.			2000	Flori	da Departi RS AND DIRI	nent of St	10
TITLE	T HILLARD 924 CHIC	OFFICERS AND DIE	RECTORS	Trust Fund C	11. TITLE NAME	ADDRESS			2000	Flori	da Departi RS AND DIRI	nent of St	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILLARD 924 CHIC	May 1, 2004  OFFICERS AND DIE , RAYMOND HADEE DRIVE	RECTORS	Trust Fund C	11. ITILE NAME STREET CITY-S	ADDRESS			2000	Flori	da Departi	ment of St ECTORS IN	ate 10 Addition
TITLE NAME STREET ADDRESS	T HILLARD 924 CHIC POST OR	OFFICERS AND DIE RAYMOND CHADEE DRIVE RANGE, FL 32127	RECTORS	Trust Fund C	11. TITLE NAME STREET	ADDRESS			2000	Flori	da Departi	nent of St	10
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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 efficier 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.

<b>CI</b>	CI	u A	TI	ID	E

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR