

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90072 026 ****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

01172006 Chg-NP CR2E037 (11/05)

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

**BACHELOR, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TILLARD, RAYMOND ☐ Delete
924 CHICKADEE DRIVE
PORT ORANGE, FL 32127

D GOODRICH, BOB ☐ Delete
880 CHICKADEE DRIVE
PORT ORANGE, FL 32127

S NOFTALL, MARIAN ☒ Delete
857 CHICKADEE DRIVE
PORT ORANGE, FL 32127

CD DELL, NEIL ☐ Delete
856 CHICKADEE DRIVE
PORT ORANGE, FL 32127

VP STOEKEL, ROBERT ☐ Delete
837 CHICKADEE DRIVE
PORT ORANGE, FL 32127

D MARTIN, DAVID ☐ Delete
882 CHICKADEE DR
PORT ORANGE, FL 32127

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition
**S HUFSTADLER, PHYLLIS
924 CHICKADEE DR
PORT ORANGE, FL 32127**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Raymond S. Tillard, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06 (386) 290-5427
Date Daytime Phone #