

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90254 033 \*\*\*\*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**

**40000542**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-NP CR2E037 (12/06)

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

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, 2007**

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 **T** ☐ Delete  
NAME **HILLARD, RAYMOND**  
STREET ADDRESS **924 CHICKADEE DRIVE**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **D** ☐ Change ☒ Addition  
NAME **MICHAEL SCHWARZ**  
STREET ADDRESS **820 CHICKADEE DR.**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **D** ☐ Delete  
NAME **GOODRICH, BOB**  
STREET ADDRESS **880 CHICKADEE DRIVE**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **CHUCK KANTZ** ☐ Change ☒ Addition  
NAME **874 CHICKADEE DR.**  
STREET ADDRESS **PORT ORANGE, FL 32127**

TITLE **S** ☐ Delete  
NAME **HUFSTEDLER, PHYLISS**  
STREET ADDRESS **920 CHICKADEE DR**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☐ Delete  
NAME **DELL, NEIL**  
STREET ADDRESS **856 CHICKADEE DRIVE**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **STOEKEL, ROBERT**  
STREET ADDRESS **837 CHICKADEE DRIVE**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MARTIN, DAVID**  
STREET ADDRESS **882 CHICKADER DR**  
CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/3/07**  
Date

**(386) 290-5427**  
Daytime Phone #