2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2011
Secretary of State

DOCUMENT# N95000000651

Entity Name: THE CYPRESS COVE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

846 CHICKADEE DR.
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

PO BOX 291454
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-3042290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATCHELOR, WILLIAM W
846 CHICKADEE DR.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: BATCHELOR, WILLIAM W
Address: 846 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: VP
Name: STOEKEL, ROBERT
Address: 837 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: S
Name: HUFSTEDLER, PHYLISS
Address: 920 CHICKADEE DR
City-St-Zip: PORT ORANGE, FL 32127

Title: T
Name: STOEKEL, DEBORAH
Address: 837 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: BATCHELOR, JOE
Address: 848 CHICKADEE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: D
Name: MARTIN, DAVID
Address: 882 CHICKADER DR
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH STOEKEL TRES 01/07/2011

Electronic Signature of Signing Officer or Director Date