

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753801

Entity Name: CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**108 CYPRESS BLVD W.
HOMOSASSA, FL 34446**Current Mailing Address:**108 CYPRESS BLVD W.
HOMOSASSA, FL 34446 US**FEI Number: 59-2441506****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**QUALIFIED PROPERTY MANAGEMENT INC
108 CYPRESS BLVD W
HOMOSASSA, FL 34446 US*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: MARY BURNARD****04/13/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WOOD, THERESA
Address 108 CYPRESS BLVD W.
City-State-Zip: HOMOSASSA FL 34446

Title VP
Name MILLER, STEVE
Address 108 CYPRESS BLVD W.
City-State-Zip: HOMOSASSA FL 34446

Title SECRETARY, TREASURER
Name PERRAULT, BARBARA
Address 108 CYPRESS BLVD W.
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name MARSHALL, JOHN
Address 108 CYPRESS BLVD W.
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name BOLTON, VICTORIA
Address 108 CYPRESS BLVD W.
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name HAND, MARVIN
Address 108 CYPRESS BLVD W.
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name HALE, SUSAN
Address 108 CYPRESS BLVD W.
City-State-Zip: HOMOSASSA FL 34446

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: THERESA WOOD**PRESIDENT****04/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date