

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005819

**FILED**  
**Apr 08, 2024**  
**Secretary of State**  
**8384140193CC**

**Entity Name:** CYPRESS COVE B AT GRANDEZZA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

27180 BAY LANDING DR  
SUITE 4  
BONITA SPRINGS, FL 34135

**FEI Number: 59-3737686**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VESTA PROPERTY SERVICES, INC.  
27180 BAY LANDING DR.  
SUITE 4  
BONITA SPRINGS, FL 34135 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: JAMES O'DONNELL**

**04/08/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MACLEOD, TONI  
Address        27180 BAY LANDING DR  
                  SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title            VP  
Name            DENNIS, CHUCK  
Address        27180 BAY LANDING DR  
                  SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title            TREASURER  
Name            O'NEILL, KEVIN  
Address        27180 BAY LANDING DR  
                  SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title            SECRETARY  
Name            SENESE, FRANK  
Address        27180 BAY LANDING DR  
                  SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title            DIRECTOR  
Name            MAZZELLA, YVONNE  
Address        27180 BAY LANDING DR  
                  SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

*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: TONI MACLEOD**

**PRESIDENT**

**04/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date