

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13121

Entity Name: CYPRESS BAY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223**Current Mailing Address:**P.O. BOX 600033
JACKSONVILLE, FL 32260 US**FEI Number:** 59-2767773**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROPERTY MANAGEMENT PARTNERS & ASSOCIATES, INC.
12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223 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:** ELAINE T BROOKS**04/12/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name VACANT, VACANT
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

Title PRESIDENT
Name MOORE, TED
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

Title SECRETARY
Name SIMPKINS, MALCOLM
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

Title DIRECTOR
Name COOLEY, WHITNEY
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

Title DIRECTOR
Name VACANT, VACANT
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

Title DIRECTOR
Name VACANT, VACANT
Address P.O. BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

Title TREASURER
Name VACANT, VACANT
Address PO BOX 600033
City-State-Zip: JACKSONVILLE FL 32260

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: TED MOORE**PRESIDENT****04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date