

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

DOCUMENT# N15000007980

**Entity Name:** CYPRESS COVE LANDKEEPERS, INC.**Current Principal Place of Business:**4261 40TH. AVE SE  
NAPLES, FL 34117**Current Mailing Address:**PO BOX 110308  
NAPLES, FL 34108 US**FEI Number:** 47-4820620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUFF, SHANE D  
1209 RIDGE ST.  
NAPLES, FL 34103 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:** SHANE DUFF

02/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DUFF, SHANE  
Address        PO BOX 110308  
City-State-Zip: NAPLES FL 34108

Title            SECRETARY, TREASURER  
Name            REBECCA, EDELBROCK  
Address        PO BOX 110308  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR, VP  
Name            SHOEMAKER, KATHARINA  
Address        PO BOX 110308  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            GUERRETTE, CHERYL  
Address        PO BOX 110308  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            MCKIBBAN, TOM  
Address        PO BOX 110308  
City-State-Zip: NAPLES FL 34108

*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:** SHANE DUFF

PRESIDENT

02/10/2024

Electronic Signature of Signing Officer/Director Detail

Date