

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000007980

**Entity Name:** CYPRESS COVE CONSERVANCY, INC.**Current Principal Place of Business:**2481 GOLDEN GATE BLVD E  
NAPLES, FL 34120**Current Mailing Address:**2481 GOLDEN GATE BLVD E  
NAPLES, FL 34120**FEI Number: 47-4820620****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DAVENPORT, BOBBIE L  
2481 GOLDEN GATE BLVD E  
NAPLES, FL 34120 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DAVENPORT, BOBBIE LEE  
Address        2481 GOLDEN GATE BLVD E  
City-State-Zip: NAPLES FL 34120

Title            VP, DIRECTOR  
Name            WHITEHEAD, PATTY  
Address        20791 TANGLEWOOD LANE  
City-State-Zip: ESTERO FL 33928

Title            TREASURER, DIRECTOR  
Name            TAYLOR, AMY H CPA  
Address        1415 PANTHER LANE  
                 SUITE 249  
City-State-Zip: NAPLES FL 34109

Title            EDUCATION COORDINATOR,  
                 DIRECTOR  
Name            WEISBERG, JANET  
Address        820-J MEADOWLAND DRIVE  
City-State-Zip: NAPLES FL 34108

Title            SECRETARY  
Name            STAMP, GEORGIA  
Address        7940 ROOKERY LANE  
City-State-Zip: NAPLES FL 34120

Title            FUNDRAISING CHAIR, DIRECTOR  
Name            VACCARINO, JOANN  
Address        425 39TH AVENUE NW  
City-State-Zip: NAPLES FL 34120

Title            DIRECTOR  
Name            MOONEY, THOMAS J  
Address        2089 BAMBOO COURT  
City-State-Zip: NAPLES FL 34110

*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: AMY H TAYLOR****TREASURER****01/29/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date