

2022 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

01/19/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name DAVENPORT, BOBBIE LEE
Address PO BOX 110308
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name GIENAPP, HEATHER LYNN
Address PO BOX 110308
City-State-Zip: NAPLES FL 34108

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

Title VP
Name REID, JENNIFER
Address PO BOX 110308
City-State-Zip: NAPLES FL 34108

Title SECRETARY
Name CLUFF, ARLENE
Address PO BOX 110308
City-State-Zip: NAPLES FL 34108

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

Title DIRECTOR, TREASURER
Name RENO, KAREN
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

01/19/2022

Electronic Signature of Signing Officer/Director Detail

Date