

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007198

Entity Name: CYPRESS BREEZE PLANTATION HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**370 CYPRESS BREEZE DRIVE
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**POST OFFICE BOX 2594
SANTA ROSA BEACH, FL 32459 US**FEI Number: 59-3627229****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWMAN-DAILEY RESORT PROPERTIES
12815 U.S. HIGHWAY 98 WEST
STE 100
MIRAMAR BEACH, FL 32550 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: KEN WAMPLER****04/28/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY, TREASURER
Name	WHERRY, JOHN
Address	POST OFFICE BOX 2594
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	PRESIDENT
Name	HILLMAN, JEREMIAH
Address	POST OFFICE BOX 2594
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	KNIGHT, DOUG
Address	POST OFFICE BOX 2594
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	PREWITT, LAURA
Address	POST OFFICE BOX 2594
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	VICE PRESIDENT
Name	CATANACH, BOB
Address	POST OFFICE BOX 2594
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	CAM
Name	WAMPLER, KEN
Address	PO BOX 1779
City-State-Zip:	DESTIN FL 32540

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: KEN J WAMPLER**CAM****04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date