2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 331258

1. Entity Name
CYPRESS GARDENS REALTY, INC.

Principal Place of Business	Mailing Address
290 CYPRESS GARDENS BLVD, S E P.O. BOX 1439 WINTER HAVEN, FL 33880	290 CYPRESS GARDENS BLVD, S E P.O. BOX 1439 WINTER HAVEN, FL 33880

07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1212508
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NOLEN, J M
290 CYPRESS GARDENS BLVD, S E
WINTER HAVEN, FL 33880

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be *Added to Fees*

In accordance with s. 607.193(2)(b), F.S., the *corporation did not receive the prior notice.*

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	SECKEL, LARRY
STREET ADDRESS	504 LAKE MARIAM
CITY-ST-ZIP	WINTER HAVEN, FL 00000,
TITLE	VD
NAME	LEIS, GEORGE W
STREET ADDRESS	700 MIRROR TERR N W
CITY-ST-ZIP	WINTER HAVEN, FL 00000,
TITLE	STD
NAME	NOLEN, J M JR
STREET ADDRESS	122 LAKE MARIAM WAY
CITY-ST-ZIP	WINTER HAVEN, FL 00000,
TITLE	PD
NAME	NOLEN, J M
STREET ADDRESS	290 CYPRESS GARDENS BLVD, S E
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/28/08-80002-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information *indicated on this report or supplemental report* is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. M. Nolen President JULY 23 2008 863-294-7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #