

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 23 PM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **734690** (1)
1. Corporation Name
CYPRESS POINT HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
250 2ND ST., S.W. **250 2ND ST., S.W.**
P.O. BOX 1396 **P.O. BOX 1396**
WINTER HAVEN FL 33882 **WINTER HAVEN FL 33882**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/23/1975	3a. Date of Last Report 04/05/1994
4. FEI Number 59-2947881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 147 AVENUE A NORTHWEST Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 P. O. BOX 1396 City & State	27 City & State
23 WINTER HAVEN, FL 33882 Zip Country	28 Zip Country
24 33881 25 POLK	29 30

9. Name and Address of Current Registered Agent TRAVISS, JAMES J. 1119 CYPRESS POINT WEST WINTER HAVEN FL 33880	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PHILLIPS, TIM 1221 CYPRESS POINT EAST WINTER HAVEN FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	D LEAINE FARRIS 1125 CYPRESS POINT WEST WINTER HAVEN, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HEGLAND, DALE 1222 CYPRESS POINT EAST WINTER HAVEN FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CURRAN, JAMES 1224 CYPRESS POINT EAST WINTER HAVEN FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TRAVISS, JAMES, J 1119 CYPRESS PT WEST WINTER HAVEN FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARLES E. WATSON 1216 CYPRESS POINT EAST WINTER HAVEN FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROUSSARD, ROLAND 1101 CYPRESS POINT WEST WINTER HAVEN FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tim Phillips* 4/25/95 324-5597
TIM PHILLIPS, PRESIDENT Date Daytime Phone #