

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 147 AVENUE A NORTHWEST, P.O. BOX 1396, 33882R HAVEN FL 33882 US  
Mailing Address: 250 2ND ST., S.W., P.O. BOX 1396, WINTER HAVEN FL 33882-1396

3. Date incorporated or Qualified: 12/23/1975  
3a. Date of Last Report: 03/07/1996  
4. FEI Number: 59-2947881  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21) CYPRESS POINT HOMEOWNERS ASSOCIATION, INC., 22) P.O. Box 7061, 23) WINTER HAVEN, FL, 24) 33883, 25) POLK  
2a. Mailing Address: 27) CYPRESS POINT HOMEOWNERS ASSOCIATION, INC., 28) WINTER HAVEN, FL, 29) 33883, 30) POLK

TRAVISS, JAMES J.  
1119 CYPRESS POINT WEST  
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent  
81 Name: HEGLAND DALE L.  
82 Street Address (P.O. Box Number is Not Acceptable): 1222 CYPRESS POINT RD EAST  
83  
84 City: WINTER HAVEN FL 85 Zip Code: 33884

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Dale L. Hegland DALE L. HEGLAND 3-6-97  
(DATE) (FULL Registered Agent Signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS  
D PHILLIPS, TIM  
1221 CYPRESS POINT EAST  
WINTER HAVEN FL  
D HEGLAND, DALE  
1222 CYPRESS POINT EAST  
WINTER HAVEN FL  
D CURRAN, JAMES  
1224 CYPRESS POINT EAST  
WINTER HAVEN FL  
T TRAVISS, JAMES, J  
1119 CYPRESS PT WEST  
WINTER HAVEN FL  
D CHARLES E. WATSON  
1216 CYPRESS POINT EAST  
WINTER HAVEN FL  
SD BROUSSARD, ROLAND  
1101 CYPRESS POINT WEST  
WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: PRES. DIRECTOR  
1.2 NAME: JEFF SHELL  
1.3 STREET ADDRESS: 1114 CYPRESS PT RD WEST  
1.4 CITY-ST-ZIP: WINTER HAVEN FL  
2.1 TITLE: TREASURER  
2.2 NAME: HEGLAND, DALE  
2.3 STREET ADDRESS: 1222 CYPRESS PT RD EAST  
2.4 CITY-ST-ZIP: WINTER HAVEN, FL  
3.1 TITLE: BRAN DIRECTOR  
3.2 NAME: BRANDON RAFOOL  
3.3 STREET ADDRESS: 1115 CYPRESS PT RD WEST  
3.4 CITY-ST-ZIP: WINTER HAVEN, FL  
4.1 TITLE: DIRECTOR  
4.2 NAME: JODDY CONNORS  
4.3 STREET ADDRESS: 1218 CYPRESS PT RD EAST  
4.4 CITY-ST-ZIP: WINTER HAVEN, FL  
6.1 TITLE: SECRETARY  
6.2 NAME: CLAUDIA MARTIN  
6.3 STREET ADDRESS: 1122 CYPRESS PT RD WEST  
6.4 CITY-ST-ZIP: WINTER HAVEN, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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 checked, or on an attachment with an address.

SIGNATURE: Dale L. Hegland 3-6-97 941-324-2144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Prefix # 0054744)

CR2E037 (9/96)