


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business PO BOX 7061 <del>P.O. BOX 1293</del> WINTER HAVEN FL 33883 US	Mailing Address PO BOX 7061 <del>P.O. BOX 1096</del> WINTER HAVEN FL 33883 US
---	---

3. Date Incorporated or Qualified  
**12/23/1975**

4. FEI Number  
**59-2947881**

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business  
 21

2a. Mailing Address  
 26

Suite, Apt. #, etc.  
 22 **SEE ABOVE** ← 27

City & State  
 23

Zip  
 24

Country  
 25

Country  
 29

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**HEGLAND, DALE L**  
**1222 CYPRESS POINT RD EAST**  
**WINTER HAVEN FL 33884**

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

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** 1-7-98  
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, TIM</b>	1.2 NAME	
STREET ADDRESS	<b>1221 CYPRESS POINT EAST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEGLAND, DALE</b>	2.2 NAME	
STREET ADDRESS	<b>1222 CYPRESS POINT EAST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELL, JEFF</b>	3.2 NAME	
STREET ADDRESS	<b>1114 CYPRESS PT RD WEST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAFOOL, BRANDON</b>	4.2 NAME	
STREET ADDRESS	<b>1115 CYPRESS PT RD WEST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CONNORS, JODY</b>	5.2 NAME	
STREET ADDRESS	<b>1218 CYPRESS PT RD EAST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, CLAUDIA</b>	6.2 NAME	
STREET ADDRESS	<b>1122 CYPRESS PT RD WEST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	6.4 CITY-ST-ZIP	

14. I 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 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: *Dale L. Hegland* **DALE L. HEGLAND** 1-7-98 941-324-2144

CR2E037 (10/97)