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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734690

1. Corporation Name
CYPRESS POINT HOME OWNERS ASSOCIATION, INC.

Principal Place of Business PO BOX 7061 WINTER HAVEN FL 33883 US	Mailing Address PO BOX 7061 WINTER HAVEN FL 33883 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/23/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2947881
City & State 23	City & State 28	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 29	Zip 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, TIM	
STREET ADDRESS	1221 CYPRESS POINT EAST	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HEGLAND, DALE	
STREET ADDRESS	1222 CYPRESS POINT EAST	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHELL, JEFF	
STREET ADDRESS	1114 CYPRESS PT RD WEST	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAFOOL, BRANDON	
STREET ADDRESS	1115 CYPRESS PT RD WEST	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CCONNORS, JODY	
STREET ADDRESS	1218 CYPRESS PT RD EAST	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARTIN, CLAUDIA	
STREET ADDRESS	1122 CYPRESS PT RD WEST	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JIM CURRAN	
1.3 STREET ADDRESS	1224 CYPRESS PT RD E	
1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JUDITH SHALL	
2.3 STREET ADDRESS	PO BOX 2469	AFFECTIVE 4-15-99
2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DENNIS CORRICK	
3.3 STREET ADDRESS	1111 CYPRESS PT RD WEST	
3.4 CITY-ST-ZIP	WINTER HAVEN FL 33884	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN CLARKE	
4.3 STREET ADDRESS	1108 CYPRESS PT RD WEST	
4.4 CITY-ST-ZIP	WINTER HAVEN, FL, 33884	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DEAN DEPOY	
5.3 STREET ADDRESS	1216 CYPRESS PT RD E	
5.4 CITY-ST-ZIP	WINTER HAVEN, FL, 33884	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FLORA, BROUSSARD	
6.3 STREET ADDRESS	1101 CYPRESS PT RD W.	
6.4 CITY-ST-ZIP	WINTER HAVEN FL 33884	

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, with all other like empowered.

SIGNATURE: [Signature] DATE: 3-28-99 DAYTIME PHONE #: 941-324-2140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1-1/98)