

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90194 009 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 734690

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

Principal Place of Business Mailing Address
PO BOX 7061 **PO BOX 7061**
WINTER HAVEN FL 33883 **WINTER HAVEN FL 33883-7061**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-2947881 Not Applicable

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent
HEGLAND, DALE L
1222 CYPRESS POINT RD EAST
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent
 Name
Judith Shull, ATP
 Street Address (P.O. Box Number is Not Acceptable)
529 Central Avenue East
 City State Zip Code
Winter Haven, FL 33880

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.

SIGNATURE *Judith Shull, TREASURER* DATE *3/22/2000*

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

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

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, TIM 1221 CYPRESS POINT EAST WINTER HAVEN FL 33884 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHULL, JUDITH PO BOX 2469 WINTER HAVEN FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CORRICK, DENNIS 111 CYPRESS PT RD W. WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, JOHN 1108 CYPRESS PT RD W WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPOY, DEAN 1216 CYPRESS PT RD W WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROUSSARD, FLORA 1101 CYPRESS PT RD W WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 617, 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: *SIGNATURE OF FLORA BROUSSARD* DATE: *3/22/2000* DAYTIME PHONE #: *863 3246277*

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

CR2E037 (9/99)