

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90215 017 ***150.00

DOCUMENT # 734690

1. Entity Name

CYPRESS POINT HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 7061
 WINTER HAVEN FL 33883
 US

PO BOX 7061
 WINTER HAVEN FL 33883
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2947881

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHULL, JUDITH
529 CENTRAL AVE EAST
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	SHULL, JUDITH	
STREET ADDRESS	PO BOX 2469	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARKE, JOHN	
STREET ADDRESS	1108 CYPRESS PT RD W	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEPOY, DEAN	
STREET ADDRESS	1216 CYPRESS PT RD W	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROUSSARD, FLORA	
STREET ADDRESS	1101 CYPRESS PT RD W	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HENDRICK, DON	
STREET ADDRESS	1107 CYPRESS PT W	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Tanke	
STREET ADDRESS	1219 Cypress Point East	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reginald Owens	
STREET ADDRESS	1215 Cypress Point East	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	June Kimball	
STREET ADDRESS	1220 Cypress Point East	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mario Tancretti	
STREET ADDRESS	1204 Cypress Point East	
CITY-ST-ZIP	Winter Haven, FL 33883	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Judith Shull
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 8633246277
 Date Daytime Phone #

CR2E037 (9/01)