


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90387 012 \*\*\*\*61.25

**DOCUMENT # 734690**

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



Principal Place of Business Mailing Address

**6039 CYPRESS GARDENS BLVD., #269  
WINTER HAVEN FL 33884  
US**

**6039 CYPRESS GARDENS BLVD., #269  
WINTER HAVEN FL 33884  
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2947881** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KIMBALL, JUNE  
1220 CYPRESS POINT EAST ROAD  
WINTER HAVEN FL 33884**

**7. Name and Address of New Registered Agent**

Name **KAREN P. COPLEY**

Street Address (P.O. Box Number is Not Acceptable)  
**1105 Cypress Point West Road**

City **Winter Haven** FL Zip Code **33884**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE **KAREN P. COPLEY, TREASURER** **KAREN P. COPLEY** DATE **4-11-05**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KIMBALL, JUNE<br>1220 CYPRESS POINT EAST ROAD<br>WINTER HAVEN FL 33884  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>CONNOR, HARRY<br>1218 CYPRESS POINT EAST ROAD<br>WINTER HAVEN FL 33884 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>GARDNER, TERRI<br>1210 CYPRESS POINT EAST ROAD<br>WINTER HAVEN FL 33884  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>TANKE, MARY<br>1219 CYPRESS PT E<br>WINTER HAVEN FL 33884                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>OWENS, REGINALD<br>1215 CYPRESS POINT EAST ROAD<br>WINTER HAVEN FL 33884 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BATEHAM, MARY G<br>1222 CYPRESS POINT EAST ROAD<br>WINTER HAVEN FL 33884 | <input checked="" type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LEAINE FARRIS<br>1125 Cypress Point West Road<br>Winter Haven, FL 33884 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | J<br>JOHN CLARKE<br>1128 Cypress Pt West Road<br>Winter Haven, FL 33884      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | K<br>KAREN COPLEY<br>1105 Cypress Point West Road<br>Winter Haven, FL 33884  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>LISA BOWD'S<br>1112 Cypress Point West Road<br>Winter Haven, FL 33884   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Don Kennon<br>1124 Cypress Point East Road<br>Winter Haven, FL 33884    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAN MANN<br>1114 Cypress Point West Road<br>Winter Haven, FL 33884      | <input type="checkbox"/> Change <input checked="" 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: **John Carne Jr** DATE: **4-12-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR