

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90142 002 ****61.25

DOCUMENT # 734690					
1. Entity Name CYPRESS POINT HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 6039 CYPRESS GARDENS BLVD., #269 WINTER HAVEN, FL 33884 US			Mailing Address 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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COPLEY, KAREN P 1105 CYPRESS POINT WEST ROAD WINTER HAVEN, FL 33884				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Karen P. Copley</i>				DATE: 4.03.06	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRIS, LEAINE		NAME	GLYNN SWANGD	
STREET ADDRESS	1125 CYPRESS POINT WEST RD		STREET ADDRESS	1116 Cypress Point West Rd	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, JOHN		NAME	DEAN DELPOY	
STREET ADDRESS	1108 CYPRESS POINT WEST RD		STREET ADDRESS	1216 Cypress Point East Rd	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOPLEY, KAREN		NAME		
STREET ADDRESS	1105 CYPRESS POINT WEST RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUNDS, LISA		NAME		
STREET ADDRESS	1112 CYPRESS POINT WEST RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNON, DON		NAME		
STREET ADDRESS	1126 CYPRESS POINT EAST RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, DAN		NAME		
STREET ADDRESS	1114 CYPRESS POINT WEST RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Karen P. Copley</i> / <i>KAREN P. COPLEY</i>				DATE: 4.03.06 (823) 499-2532	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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04062006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2947881 Applied For Not Applicable

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