


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90104 032 \*\*\*\*61.25

<b>DOCUMENT # 734690</b>					
<b>1. Entity Name</b> 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		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2947881	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COPLEY, KAREN P 1105 CYPRESS POINT WEST ROAD WINTER HAVEN, FL 33884			Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE: <i>Karen P. Copley, Treasurer</i>			DATE: <i>4-29-07</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRIS, LEAINE		NAME	<i>Reggie Downs</i>	
STREET ADDRESS	1125 CYPRESS POINT WEST RD		STREET ADDRESS	<i>1215 Cypress Point East</i>	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	<i>Winter Haven, FL 32884</i>	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, JOHN		NAME	<i>Rob Williams</i>	
STREET ADDRESS	1108 CYPRESS POINT WEST RD		STREET ADDRESS	<i>1204 Cypress Point East</i>	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	<i>Winter Haven, FL 32884</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOPLEY, KAREN		NAME	<i>Jason Radd</i>	
STREET ADDRESS	1105 CYPRESS POINT WEST RD		STREET ADDRESS	<i>1221 Cypress Point East</i>	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	<i>Winter Haven, FL 32884</i>	
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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWANGO, GLYNN		NAME		
STREET ADDRESS	1116 CYPRESS PT W ST RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
<b>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.</b>					
SIGNATURE: <i>Karen P. Copley</i> (KAREN P. Copley)			DATE: <i>4-29-07</i> (863) 499-2532		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		
			Daytime Phone #		