

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90011 032 \*\*\*\*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**



04212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**COPLEY, KAREN P  
1105 CYPRESS POINT WEST ROAD  
WINTER HAVEN, FL 33884**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME **FARRIS, LEAINE**  
STREET ADDRESS **1125 CYPRESS POINT WEST RD**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE  
NAME **WILLIAMS, ROB**  
STREET ADDRESS **1224 CYPRESS POINT EAST**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE  
NAME **COPLEY, KAREN**  
STREET ADDRESS **1105 CYPRESS POINT WEST RD**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE  
NAME **ROUNDS, LISA**  
STREET ADDRESS **1112 CYPRESS POINT WEST RD**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE  
NAME **KENNON, DON**  
STREET ADDRESS **1126 CYPRESS POINT EAST RD**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE  
NAME **SWANGO, GLYNN**  
STREET ADDRESS **1116 CYPRESS PT W ST RD**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Karen P. Copley* *KAREN P. Copley*

*4/22/08 (863) 499-2532*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #