

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

DOCUMENT# 734690

Entity Name: CYPRESS POINT HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2947881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FARRIS, LEAINE  
Address: 1125 CYPRESS POINT WEST RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: T ( ) Delete  
Name: COPLEY, KAREN  
Address: 1105 CYPRESS POINT WEST RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: S ( ) Delete  
Name: ROUNDS, LISA  
Address: 1112 CYPRESS POINT WEST RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: P ( ) Delete  
Name: KENNON, DON  
Address: 1126 CYPRESS POINT EAST RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete  
Name: SWANGO, GLYNN  
Address: 1116 CYPRESS PT W ST RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: FARRIS, LEAINE  
Address: 1125 CYPRESS POINT WEST RD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WILLIAMS, ROB  
Address: 1204 CYPRESS POINT W ST RD  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN P. COPLEY

T

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date