


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90147 008 \*\*\*\*61.25

0069276

**DOCUMENT # 734690**  
1. Entity Name  
**CYPRESS POINT HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**PO BOX 7061 WINTER HAVEN FL 33883 US** **PO BOX 7061 WINTER HAVEN FL 33883 US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SHULL, JUDITH**  
**529 CENTRAL AVE EAST**  
**WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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          | <b>TD</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>SHULL, JUDITH</b>           |  |
| STREET ADDRESS | <b>PO BOX 2469</b>             |  |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL 33880</b>   |  |
| TITLE          | <b>VPD</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>TANKE, PAUL</b>             |  |
| STREET ADDRESS | <b>1219 CYPRESS POINT EAST</b> |  |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL 33884</b>   |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete            |
| NAME           | <b>OWENS, REGINALD</b>         |  |
| STREET ADDRESS | <b>1215 CYPRESS POINT EAST</b> |  |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL 33884</b>   |  |
| TITLE          | <b>S</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BROUSSARD, FLORA</b>        |  |
| STREET ADDRESS | <b>1101 CYPRESS PT RD W</b>    |  |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL 33884</b>   |  |
| TITLE          | <b>P</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>KIMBALL, JUNE</b>           |  |
| STREET ADDRESS | <b>1220 CYPRESS POINT EAST</b> |  |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL 33884</b>   |  |
| TITLE          | <b>D</b>                       | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>TANCRETTI, MARIO</b>        |  |
| STREET ADDRESS | <b>1204 CYPRESS POINT EAST</b> |  |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL 33883</b>   |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          | <b>PD</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          | <b>VPD</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          | <b>SD</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>TANKE, MARY</b>            |  |
| STREET ADDRESS | <b>1219 Cypress Pt E</b>      |  |
| CITY-ST-ZIP    | <b>Winter Haven, FL 33884</b> |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |
| TITLE          |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                               |  |
| STREET ADDRESS |                               |  |
| CITY-ST-ZIP    |                               |  |

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: *Judith Shull* **REQUIRED** Date: **4-24-03**

CR2E037 (10/02)