

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$188 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:18

DOCUMENT # 751987 (9)

1. Corporation Name
THE CYPRESSWOOD GARDEN PATIO HOMES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
378 TROON CT. 378 TROON CT.
WINTER HAVEN FL 33884-8222 WINTER HAVEN FL 33884-8222
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1980	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2057326	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 398 TROON COURT	2a. Mailing Address 26 398 TROON COURT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WINTER HAVEN, FL.	City & State 28 WINTER HAVEN, FL
Zip 24 33884	Country 25 FOLK
Zip 29 33884	Country 30 FOLK

9. Name and Address of Current Registered Agent
**BAKER, STEPHEN F.
565 AVE K. SE
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GROVES, FARREL
STREET ADDRESS	398 TROON CT.
CITY - ST - ZIP	WINTER HAVEN, FL 00000
TITLE	SD
NAME	SHELLCROSSLEE, REBECCA
STREET ADDRESS	392 TROON CT
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	TD
NAME	TAGGART, DONALD
STREET ADDRESS	407 BIRKSDALE CT.
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	VD
NAME	JUNKER, DEL
STREET ADDRESS	380 TROON CT
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GROVES, FARRELL
13 STREET ADDRESS	398 TROON COURT S.E.
14 CITY - ST - ZIP	WINTER HAVEN, FL 33884
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	TAGGART, DONALD
33 STREET ADDRESS	407 BIRKSDALE COURT
34 CITY - ST - ZIP	WINTER HAVEN, FL 33884
41 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	KIDD, SUZANNE
43 STREET ADDRESS	418 GLEN EAGLES COURT
44 CITY - ST - ZIP	WINTER HAVEN, FL 33884
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Farrell E. Groves* **FARRELL E. GROVES** Date: **6/17/95** (941) 326-9481

CR2E037 (3/95)