

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 751987 (9)

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



Principal Place of Business: 398 TROON COURT WINTER HAVEN FL 33884 US
Mailing Address: 398 TROON COURT WINTER HAVEN FL 33884 US

3. Date Incorporated or Qualified: 04/14/1980
3a. Date of Last Report: 06/22/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2057326	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip			
23	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GROVES, FARRELL	1.1 TITLE	
NAME	398 TROON COURT S.E.	1.2 NAME	
STREET ADDRESS	WINTER HAVEN, FL 00000	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	SD SHELLCROSSLEE, REBECCA	2.1 TITLE	SD Taggart, Donald
NAME	392 TROON CT	2.2 NAME	392 Troon Ct
STREET ADDRESS	WINTER HAVEN FL	2.3 STREET ADDRESS	Winter Haven, FL
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	VD TAGGART, DONALD	3.1 TITLE	VD Duff, Chuck
NAME	407 BIRKSDALE CT.	3.2 NAME	403 Birkdale Ct
STREET ADDRESS	WINTER HAVEN FL	3.3 STREET ADDRESS	Winter Haven, FL
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	TD KIDD, SUZANNE	4.1 TITLE	
NAME	418 GLEN EAGLES CT.	4.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 119.07(3)(k), 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: *Suzanne Kidd* 2-12-96 (941) 326-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone

CR2E037 (12/95)