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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33884-1260 US

3. Date Incorporated or Qualified: 04/14/1980  
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business (21-24) and Mailing Address (2a-26) details including Suite, City & State, Zip, and Country.  
4. FEI Number: 59-2057326  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
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 (81-85) details including Name, Street Address, City, and Zip Code (FL).

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GROVES, FARRELL	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 398 TROON COURT S.E.	CITY-ST-ZIP: WINTER HAVEN, FL 00000	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: SD	NAME: TAGGART, DONALD	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 392 TROON COURT	CITY-ST-ZIP: WINTER HAVEN FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: VD	NAME: DUFF, CHUCK	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 403 BIRKSDALE COURT	CITY-ST-ZIP: WINTER HAVEN FL	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: TD	NAME: KIDD, SUZANNE	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 418 GLEN EAGLES CT.	CITY-ST-ZIP: WINTER HAVEN FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

SA DUFF Chuck  
403 Birkdale Ct  
Winter Haven FL

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: Suzanne Kidd 1-30-97 941-326-9449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054860