

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90019 037 ****61.25

DOCUMENT # 751987

1. Entity Name

THE CYPRESSWOOD GARDEN PATIO HOMES HOMEOWNERS' A

Principal Place of Business

Mailing Address

396 TROON COURT
 WINTER HAVEN FL 33884
 US

P.O. BOX 1259
 DUNDEE FL 33838-1259
 US

00028214



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

394 TROON COURT
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER HAVEN FL

4. FEI Number

59-2057326

Applied For

Not Applicable

Zip

Country

Zip

Country

33884

U.S.

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, STEPHEN F.
 565 AVE K. SE
 WINTER HAVEN FL 33880

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NATKIN, RABBI FRED	
STREET ADDRESS	429 GLEN EAGLES COURT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FAGALA, SYLVIA	
STREET ADDRESS	420 GLEN EAGLES CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, PAUL	
STREET ADDRESS	381 TROON CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	T	<input type="checkbox"/> Delete
NAME	FAGALA, RICHARD	
STREET ADDRESS	420 GLENEAGLES CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISH, RONALD J.	
STREET ADDRESS	394 TROON CT.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIMES, SHIRLEY S.	
STREET ADDRESS	374 TROON CT.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARSONS, ELDON L.	
STREET ADDRESS	379 TROON CT.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TD	<input checked="" 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		
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: *Richard Fagala* RICHARD FAGALA 2-28-00 863-326-9345
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)