

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91321 046 ****61.25

DOCUMENT # 751987

1. Entity Name

THE CYPRESSWOOD GARDEN PATIO HOMES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**394 TROON COURT
 WINTER HAVEN FL 33884
 US**

Mailing Address

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

2. Principal Place of Business

418 Gleneagles Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Haven FL.

City & State

Zip

Country

Zip

Country

33884

USA

4. FEI Number

59-2057326

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAKER, STEPHEN F.
 565 AVE K. SE
 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.

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FISH, RONALD J	
STREET ADDRESS	394 TROON COURT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PARSONS, ELDON L	
STREET ADDRESS	379 TROON CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TD	<input checked="" 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE KIDD	
STREET ADDRESS	418 Gleneagles Ct.	
CITY-ST-ZIP	Winter Haven, FL. 33884	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY KIDD	
STREET ADDRESS	418 Gleneagles Ct.	
CITY-ST-ZIP	Winter Haven FL. 33884	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dr. Bill Henderson	
STREET ADDRESS	3943 Troon Ct.	
CITY-ST-ZIP	Winter Haven, FL. 33884	
TITLE	Sec Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Polly May	
STREET ADDRESS	398 Troon Ct.	
CITY-ST-ZIP	Winter Haven FL. 33884	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN Shoup	
STREET ADDRESS	328 Gleneagles Ct.	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis Tiver	
STREET ADDRESS	386 TROON CT.	
CITY-ST-ZIP	WINTER HAVEN FL. 33884	

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02 **863-326-9449**
 Date Daytime Phone #

05200205
 CRE007 (9/01)



DO NOT WRITE IN THIS SPACE