

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90001 036 ****61.25

DOCUMENT # 751987
1. Entity Name
**THE CYPRESSWOOD GARDEN PATIO HOMES
HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address
**418 GLEN EAGLES CT
WINTER HAVEN FL 33884
US** **P.O. BOX 1259
DUNDEE FL 33838
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

MOORE CR2E037 (11/03)

4. FEI Number Applied For
59-2057326 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KIDD, SUZANNE	
STREET ADDRESS	418 GLEN EAGLES CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIDD, GARY	
STREET ADDRESS	418 GLEN EAGLES CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, BILL DR	
STREET ADDRESS	3943 TROON CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAY, POLLY	
STREET ADDRESS	398 TROON CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, BRUCE	
STREET ADDRESS	427 GLENEAGLES CT.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TINER, LEWIS	
STREET ADDRESS	386 TROON CT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baldwin, Forrest	
STREET ADDRESS	426 Gleneagles Ct.	
CITY-ST-ZIP	WINTER HAVEN, FL. 33884	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rik Meyer	
STREET ADDRESS	414 Birkdale Ct.	
CITY-ST-ZIP	WINTER HAVEN, FL.	
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		
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 empowerments.

SIGNATURE: *Suzanne Kidd Suzanne Kidd* 2/5/04 1-863-326-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #