

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90298 049 ****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 **P.O. BOX 1259**
WINTER HAVEN FL 33884 **DUNDEE FL 33838**
US **US**

40000104



1st MOORE CR2E037 (10/04)

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

City & State City & State

Zip Country Zip Country

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, 2005

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 checked="" 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	D	<input type="checkbox"/> Delete
NAME	BALDWIN, FORREST	
STREET ADDRESS	426 GLENEAGLES 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	VPD	<input type="checkbox"/> Delete
NAME	MEYER, RIK	
STREET ADDRESS	414 BIRKSDALE CT.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY KIDD	
STREET ADDRESS	418 Glen Eagles Ct	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, Forrest	
STREET ADDRESS	426 Gleneagles Ct.	
CITY-ST-ZIP	Winter Haven FL 33884	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thornton, Raymond	
STREET ADDRESS	421 Gleneagles 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		

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: _____ **GARY KIDD** Date: **3/7/05** Daytime Phone #: **863-670-0066**