
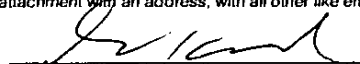


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90169 010 ****61.25

DOCUMENT # 751987					
1. Entity Name THE CYPRESSWOOD GARDEN PATIO HOMES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 418 GLEN EAGLES CT WINTER HAVEN, FL 33884 US			Mailing Address 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
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIDO, GARY		NAME	GARY KIDD	
STREET ADDRESS	418 GLEN EAGLES CT		STREET ADDRESS	418 GLEN EAGLES CT	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORREST, BALDWIN		NAME		
STREET ADDRESS	426 GLENENGLES CT		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, FORREST		NAME		
STREET ADDRESS	426 GLENEAGLES CT.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, POLLY		NAME	RAYMOND THORNTON	
STREET ADDRESS	398 TROON CT		STREET ADDRESS	421 GLENEAGLES CT.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, BRUCE		NAME	WALTER DEGURSE	
STREET ADDRESS	427 GLENEAGLES CT.		STREET ADDRESS	422 GLENEAGLES CT.	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, RIK		NAME		
STREET ADDRESS	414 BIRKSDALE CT.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		2-25-06 863-326-9449	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

