

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 05, 2009
Secretary of State**

DOCUMENT# 751987

Entity Name: THE CYPRESSWOOD GARDEN PATIO HOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

418 GLEN EAGLES CT
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1259
DUNDEE, FL 33838 US

New Mailing Address:

FEI Number: 59-2057326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIDD, GARY
Address: 418 GLENEAGLES CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: FORREST, BALDWIN
Address: 426 GLENEAGLES CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MCMILLAN, FRANK D
Address: 384 TROON CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: MAY, POLLY
Address: 398 TROON CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: DANIELS, BRUCE
Address: 427 GLENEAGLES CT.
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD () Delete
Name: MEYER, RIK
Address: 414 BIRKSDALE CT.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TARQUINO, RICHARD M
Address: 377 TROON CT
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FORREST W BALDWIN

D

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date