

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90277 046 ***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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2057326**
Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

~~FILE NOW: FEE IS \$61.25~~
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **KIDD, SUZANNE**
STREET ADDRESS **418 GLEN EAGLES CT**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **KIDD, GARY**
STREET ADDRESS **418 GLEN EAGLES CT**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** Delete
NAME **HENDERSON, BILL DR**
STREET ADDRESS **3943 TROON CT**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **MAY, POLLY**
STREET ADDRESS **398 TROON CT**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **SHOUP, DAN**
STREET ADDRESS **328 GLENEAGLES CT**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE Change Addition
NAME **BRUCE DANIELS**
STREET ADDRESS **427 GLENEAGLES CT**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **D** Delete **OK**
NAME **TINER, LEWIS**
STREET ADDRESS **386 TROON CT**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE Change Addition
NAME **RICK MEYER**
STREET ADDRESS **414 BIRKSDALE 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 REQUIRED~~ **GARY KIDD** 8/6/03 863 718-1633

CR2E037 (4/03)