

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **755145** (0)

1. Corporation Name  
**CYPRESSWOOD PLANTATION HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: P.O. BOX 1098, DUNDEE FL 33838-8098  
Mailing Address: P.O. BOX 1098, DUNDEE FL 33838-8098

3. Date Incorporated or Qualified: **11/14/1980**  
3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **59-2790503**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Mailing Address: Suite, Apt. #, etc.  
26. City & State  
27. Zip  
28. Country  
29. 30.

9. Name and Address of Current Registered Agent  
**SCHWEITZER, MAX  
2902 PLANTATION RD.  
WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>FOWLER, CLEON R.</b>	
STREET ADDRESS	<b>2985 PLANTATION RD.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>BARDENHAGEN, JOHN A</b>	
STREET ADDRESS	<b>2997 PLANTATION RD</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>SCHWEITZER, MAX</b>	
1.3 STREET ADDRESS	<b>2902 PLANTATION RD</b>	
1.4 CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	<b>000001818840</b>	
5.4 CITY-ST-ZIP	<b>-05/13/96--01058--010</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>***61.25</b>	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Bardenhagen JOHN BARDENHAGEN 4/15/96 (914) 324-9107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)