

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755145

1. Entity Name

CYPRESSWOOD PLANTATION HOMEOWNERS' ASSOCIATION.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90150 007 ****61.25

Principal Place of Business P.O. BOX 1098 DUNDEE FL 33838-8098	Mailing Address P.O. BOX 1098 DUNDEE FL 33838-1098
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2790503	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARDENHAGEN, JOHN A
2997 PLANTATION RD
WINTER HAVEN FL 33884

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHECK, JOHN	
STREET ADDRESS	2998 PLANTATION RD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARDENHAGEN, JOHN A	
STREET ADDRESS	2997 PLANTATION RD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ZALEWESKI, MARVIN	
STREET ADDRESS	2984 PLANTATION RD	
CITY-ST-ZIP	WINTER HAVEN FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: *John A. Bardenhagen*
JOHN A. BARDENHAGEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00
Date

Daytime Phone #

CR2E037 (9/99)