


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 755145

1. Entity 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
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03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2790503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARDENHAGEN, JOHN A
 2997 PLANTATION RD
 WINTER HAVEN, FL 33884

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

Filing Fee is \$61.25 Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARDENHAGEN, JOHN A 2997 PLANTATION RD WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGGARD, KEN 3156 BEAUCHAMP CT WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUTCH, STEPHEN 2975 PLANTATION RD. WINTER HAVEN, FL 33884
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: JOHN BARDENHAGEN John Bardenhagen 4/2/07 863-3249107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #