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

DOCUMENT # 755145

1. Entity Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CYPRESSWOOD PLANTATION HOMEOWNERS' ASSOCIATION,



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91038 003 ****61.25

Principal Plate P.O. BOX 109 DUNDEE FL 3		P.O. B	ng Address OX 1098 EE FL 33838-8098				1 (08)(t 1880) 0		141 44 11 4 141	#1#I() #1#I() #3	BIS BIBS? (BB)		
2. Principal Place of Business 3.				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 59-2790503				pplied For ot Applicable	7
Zip Country			Zip			Country		5. Certificate of S	tatus Desired		\$8.75 Ad Fee Require	ditional	-
	6. Name	and Address of Current I	Registere	ed Agent				7. Name and Add	Iress of New Reg	istered A	gent		1
						Name					•		7
BARDENHAGEN, JOHN A													1
2997 PLANTATION RD					Street Address ((P.O. Box Number is Not Acceptable)					1
WINTER	HAVEN FL (33884									4.		
						City		<u>.</u>		FL	Zip Cod	le	1
8. The above	e named entity	submits this statement for	the purp	ose of changing its	egistere	d office o	r registere	ed agent, or both, in	the State of Florid	da. I am f	 amiliar with.	and accept	+
the obliga	tions of regist	ered agent.					_				·		
SIGNATURE		or printed name of registered agent a									-		
	Signature, typed	or printed harne or registered agent a	по вве гар	DICADIO. (NOTE	Hegistered	Agent signa	ture 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 Florida Department of State					
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CITY-ST-ZIP WINTER HAVEN FL:				CITY-	ST-ZIP		JUAH SATE		3884	!		8	
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STREET ADDRESS CITY-ST-ZIP						T ADDRESS							
LITY OF 71D	I				CITY	ST-7IP	t						1

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME.

SIGNATURE: TOHN BARD

☐ Delete

☐ Change

Addition