


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755641** (8)

1. Corporation Name

**CYPRESSWOOD'S VILLAS ON THE GREEN HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**ANN CLARK**  
1077 MEDINAH WAY S.E.  
WINTER HAVEN FL 33884  
US

**CVOG HOMEOWNERS' ASSOC INC.**  
PO BOX 836  
DUNDEE FL 33838-0836  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/22/1980</b>		3a. Date of Last Report <b>04/22/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2252748</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, ANN**  
1077 MEDINAH WAY S.E.  
4210 U.S. HIGHWAY 27 NORTH  
WINTER HAVEN FL 33884

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PURNELL, ELIZABETH		1.2 NAME				
STREET ADDRESS	1046 MEDINAH DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP				
TITLE	<del>STD</del>	<input type="checkbox"/> DELETE	2.1 TITLE	Brd. Mem. - CAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>BELOON, DAVID</del>		2.2 NAME	Ann Clark			
STREET ADDRESS	<del>3018 MEDINAH DRIVE</del>		2.3 STREET ADDRESS	1077 Medinah Way S.E.			
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	Winter Haven, FL			
TITLE	VPD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPRADLIN, HARRY		3.2 NAME				
STREET ADDRESS	540 ST. ANDREWS ROAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063588

CR2E037 (9/96)