

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 24 AM 8:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 768376 (6)

1. Corporation Name
CYPRESSWOOD GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address

**P O BOX 1795
DUNDEE FL 33838
US**

**P O BOX 1795
DUNDEE FL 33838
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1983** 3a. Date of Last Report **04/11/1994**

4. FEI Number **59-2953569** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**FIELDS, FRANCES S
2257 FIRESTONE PLACE, SE
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANGE, WAYNE	1.2 NAME	
STREET ADDRESS	2831 WINGFOOT COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMS, GERALD	2.2 NAME	
STREET ADDRESS	2803 WINGFOOT COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CHARLES	3.2 NAME	
STREET ADDRESS	2212 SAWGRASS COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL HIETPAS	4.2 NAME	
STREET ADDRESS	2204 SAWGRASS CT	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL SORRENTINO	5.2 NAME	
STREET ADDRESS	2232 FIRESTONE PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCHMANN, DONALD	6.2 NAME	
STREET ADDRESS	2281 FIRESTONE PL	6.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL 33884	6.4 CITY - ST - ZIP	
TITLE	P	7.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CHARLES	7.2 NAME	
STREET ADDRESS	2212 SAWGRASS COURT	7.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 33884	7.4 CITY - ST - ZIP	
TITLE	D	8.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, ELIZABETH	8.2 NAME	
STREET ADDRESS	2255 FIRESTONE PLACE	8.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 33884	8.4 CITY - ST - ZIP	
TITLE	D	9.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, DONALD	9.2 NAME	
STREET ADDRESS	2214 SAWGRASS COURT	9.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 33884	9.4 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 110.07(3)(g), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Charles J. Wilson 4/19/95 (813)-324-0681

CHARLES J. WILSON Date (Type Name)

768576

CYPRESSWOOD GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.
FEI NUMBER 59-2953569
CORPORATION ANNUAL REPORT 1995

ADDITION TO LIST OF OFFICERS AND DIRECTORS

S/T ADDITION
PHILLIPS, JULIE
2284 FIRESTONE PLACE
WINTER HAVEN, FL 33884

RECEIVED

RECEIVED