FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ₹Τ



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNUAL	REPOF
1006	

768376 DOCUMENT #

(6)

CYPRESSWOOD GOLF VILLAS HOMEOWNERS' ASSOCIATION.

Mailing Address Principal Place of Business P O BOX 1796 P O BOX 1796 **DUNDEE FL 33838 DUNDEE FL 33838** 3. Date incorporated or Qualified 3a. Date of Last Report 04/24/1995 05/11/1983 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2953569 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes X No 30 Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) FIELDS, FRANCES S 82 2257 FIRESTONE PLACE, SE 83 WINTER HAVEN FL 33884 Zip Code 85 City 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 (NOTE: Registered Agent signature required when reinstating) (12/95)Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE JULIE PHILLIPS CR2E037 1.2 NAME STANGE, WAYNE NAME 2284 FIRESTONE PLACE 1.3 STREET ADDRESS 2831 WINGFOOT COURT STREET ADDRESS WINTER HAVEN, FL 33884 WINTER HAVEN FL 1.4 O(TY-ST-Z)P CITY-ST-ZIP ☐ Change Addition DELETE 21 TITLE D TITLE GORDON W. PRATT 2.2 NAME HARMS, GERALD NAME 2835 WINGFOOT COURT 2803 WINGFOOT COURT 2.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN, FL 33884 2 4 CHTY - ST - ZIP WINTER HAVEN FL CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3 2 NAME WILSON, CHARLES NAME 2212 SAWGRASS COURT 3 3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 3 4. CITY - ST-ZIP CITY - ST - ZIP Addition DELETE 4.1 TITLE TITLE 4. 2 NAME FOLEY, ELIZABETH NAME 4.3 STREET ADDRESS 2255 FIRESTONE PLACE STREET ADDRESS WINTERHAVEN FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5 1 TITLE TITLE 5 2 NAME FLETCHER, DONALD NAME

WINTER HAVEN FL 33884 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 119.07(3)(k), 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 changes or on an attachment with an address.

5.3 STREET ADORESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5 4 CITY - ST · ZIP

61 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2214 SAWGRASS COURT

FRISCHMANN, DONALD

2261 FIRESTONE PL

WINTERHAVEN FL

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARLES J. WILSON CHARLES

XIDELETE

4/16/96

941-324-7832

Addition