


FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768376 (6)
1. Corporation Name
CYPRESSWOOD GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business P O BOX 1796 DUNDEE FL 33638 US	Mailing Address P O BOX 1796 DUNDEE FL 33638 US
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3. Date Incorporated or Qualified 05/11/1983		
4. FEI Number 59-2953569	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

21. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP STANGE, WAYNE	1.1 TITLE	P STANGE, WAYNE
NAME	2831 WINGFOOT COURT	1.2 NAME	2831 WINGFOOT COURT
STREET ADDRESS	WINTER HAVEN FL	1.3 STREET ADDRESS	WINTER HAVEN FL
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D HARMS, GERALD	2.1 TITLE	D PRATT, GORDON W.
NAME	2803 WINGFOOT COURT	2.2 NAME	2835 WINGFOOT COURT
STREET ADDRESS	WINTER HAVEN FL	2.3 STREET ADDRESS	WINTER HAVEN FL
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P WILSON, CHARLES	3.1 TITLE	D GILLES, JOAN
NAME	2212 SAWGRASS COURT	3.2 NAME	2246 FIRESTONE PLACE
STREET ADDRESS	WINTER HAVEN FL	3.3 STREET ADDRESS	WINTER HAVEN FL
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FOX, ROBERT D	4.1 TITLE	
NAME	2244 FIRESTONE PLACE	4.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FLETCHER, DONALD	5.1 TITLE	VP FLETCHER, DONALD
NAME	2214 SAWGRASS COURT	5.2 NAME	2214 SAWGRASS COURT
STREET ADDRESS	WINTERHAVEN FL	5.3 STREET ADDRESS	WINTER HAVEN FL
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TS JULIE PHILLIPS	6.1 TITLE	
NAME	2284 FIRESTONE PLACE	6.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *Wayne Stange, VP* Apr. 6, 1998 941-324-7832

CR2E037 (10/97)