

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90079 050 \*\*\*\*61.25

**DOCUMENT # 768376**

1. Entity Name

**CYPRESSWOOD GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P O BOX 1796  
 DUNDEE FL 33838  
 US

P O BOX 1796  
 DUNDEE FL 33838  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2953569**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIELDS, FRANCES S**  
**2257 FIRESTONE PLACE, SE**  
**WINTER HAVEN FL 33884**

Name

**J.M. Kirkland**

Street Address (P.O. Box Number is Not Acceptable)

**2266 Firestone Place**

City

**Winter Haven**

FL

Zip Code

**33884**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*[Handwritten Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-13-02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>P</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>STANGE, WAYNE</b>        |                                 |
| STREET ADDRESS | <b>2831 WINGFOOT COURT</b>  |                                 |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>      |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>PRATT, GORDON W.</b>     |                                 |
| STREET ADDRESS | <b>2835 WINGFOOT COURT</b>  |                                 |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>      |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>GILLO, JOAN</b>          |                                 |
| STREET ADDRESS | <b>2246 FIRESTONE PL</b>    |                                 |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>      |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>FOX, ROBERT D</b>        |                                 |
| STREET ADDRESS | <b>2244 FIRESTONE PLACE</b> |                                 |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>      |                                 |
| TITLE          | <b>VP</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>FLETCHER, DONALD</b>     |                                 |
| STREET ADDRESS | <b>2214 SAWGRASS COURT</b>  |                                 |
| CITY-ST-ZIP    | <b>WINTERHAVEN FL</b>       |                                 |
| TITLE          | <b>TS</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>JULIE PHILLIPS</b>       |                                 |
| STREET ADDRESS | <b>2284 FIRESTONE PLACE</b> |                                 |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>      |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-02**

Date

**863-324-8540**

Daytime Phone #

CR2E037 (9/01)