

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90374 034 ****61.25

DOCUMENT # 768376
 1. Entity Name
CYPRESSWOOD GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: P O BOX 1796, DUNDEE FL 33838, US
 Mailing Address: P O BOX 1796, DUNDEE FL 33838, US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
FIELDS, FRANCES S
2257 FIRESTONE PLACE
WINTER HAVEN FL 33884

4. FEI Number: **59-2953569**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STANGE, WAYNE	
STREET ADDRESS	2831 WINGFOOT COURT	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOPE, JAMES L	
STREET ADDRESS	2835 WINGFOOT COURT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLES, JOAN	
STREET ADDRESS	2246 FIRESTONE PL	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, ROBERT D	
STREET ADDRESS	2244 FIRESTONE PLACE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARSANO, FRANCIS	
STREET ADDRESS	2270 FIRESTONE PLACE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	HERWICK, JOAN	
STREET ADDRESS	2200 SAWGRASS COURT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gaul, Phyllis	
STREET ADDRESS	2821 Wingfoot Court	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilleo, Joan	
STREET ADDRESS	2246 Firestone Place	
CITY-ST-ZIP	Winter Haven, FL 33884	
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: Wayne Stange 4-11-05 863-334-7832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #