

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90192 037 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2953569**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRKLAND, J M
2266 FIRESTON PLACE
WINTER HAVEN FL 33884

Name **Frances S. Fields**
Street Address (P.O. Box Number is Not Acceptable)
2257 Firestone Place

City **Winter Haven** FL Zip Code **33884-1272**

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 *Frances S. Fields*

4/16/03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE-NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME	D Bope, James L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2825 Wingfoot Court	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE-NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE-NAME	TS Herwick, Joan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2200 Sawgrass Court	
CITY-ST-ZIP	Winter Haven, FL 33884	

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* **WAYNE STANGE**

4/16/03

863-324-7832

CR2E037 (10/02)