


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 21 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000006450		
1. Entity Name CYPRESS POINTE OF POLK COUNTY HOMEOWNERS' ASSOCIATION, INC.		

Principal Place of Business 215 CELEBRATION PLACE, SUITE 500 CELEBRATION, FL 34747	Mailing Address 215 CELEBRATION PLACE, SUITE 500 CELEBRATION, FL 34747
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DO NOT WRITE IN THIS SPACE

03/31/08 01055 001 \$61.25



01222008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicab
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, JEFFREY L
950 S. WINTER PARK DRIVE
SUITE 350-B
CASSELBERRY, FL 32707

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIGGINTON, WESLEY 215 CELEBRATION PLACE, SUITE 500 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMER, BRIAN 215 CELEBRATION PLACE, SUITE 500 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALL, CHARLIE 215 CELEBRATION PLACE, SUITE 500 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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207/22

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____