

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17764 (4)**
1. Corporation Name
CYPRESS POND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O GENEVIEVE O'HARA
3007 SILVERADO TERRACE
WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/13/1986** 3a. Date of Last Report **04/06/1994**
4. FEI Number **59-2953541** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**O'HARA, GENEVIEVE
3007 SILVERADO TERRACE
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Genevieve O'Hara Treasurer DATE March 10, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, THOMAS C
STREET ADDRESS	3108 CYPRESSWOOD BLVD.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	AFTAWAY, EDWARD DR.
STREET ADDRESS	3104 CYPRESSWOOD BLVD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	TD
NAME	O'HARA, GENEVIEVE
STREET ADDRESS	3007 SILVERADO TERRACE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	WILSON, JOHN R
STREET ADDRESS	3102 CYPRESSWOOD BLVD.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	SD
NAME	KING, MARGIA
STREET ADDRESS	3015 SILVERADO TERRACE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D
NAME	HOLLAND, WILLIAM I
STREET ADDRESS	3025 SILVERADO TERRACE
CITY-ST-ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIRECTOR WILLIAM DELMER MURPHY, JR.
2.3 STREET ADDRESS	3021 SILVERADO TERRACE
2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP/DIRECTOR GEORGE E. FOLKE
4.3 STREET ADDRESS	3003 SILVERADO TERRACE
4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SECRETARY RICHARD F. O'HARA
5.3 STREET ADDRESS	3007 SILVERADO TERRACE
5.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33884
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Genevieve O'Hara Treasurer DATE March 10, 1995 813-324-7023
Signature and typed or printed name of signing officer or director Date Deline Florida #