

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **11/13/1986** 3a. Date of Last Report **03/15/1995**
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**
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 28 Country 29 Zip 30 Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and third-party filer. (307) Registered Agent signature required when not a filer.

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, THOMAS C | |
| STREET ADDRESS | 3106 CYPRESSWOOD BLVD. | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MURPHY, WILLIAM D. J | |
| STREET ADDRESS | 3021 SILVERADO TERR | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | O'HARA, GENEVIEVE | |
| STREET ADDRESS | 3007 SILVERADO TERRACE | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | POLKE, GEORGE E. | |
| STREET ADDRESS | 3003 SILVERADO TERR | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | O'HARA, RICHARD F. | |
| STREET ADDRESS | 3007 SILVERADO TERR | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | WILLIAMS, THOMAS C. | |
| 1.3 STREET ADDRESS | 3106 CYPRESSWOOD BLVD | |
| 1.4 CITY-ST-ZIP | WINTER HAVEN, FL 33884 | |
| 2.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JOAN MOSIMANN | |
| 2.3 STREET ADDRESS | 3009 SILVERADO TERRACE | |
| 2.4 CITY-ST-ZIP | WINTER HAVEN, FL. 33884 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | HARRY MOSIMANN | |
| 3.3 STREET ADDRESS | 3009 SILVERADO TERRACE | |
| 3.4 CITY-ST-ZIP | WINTER HAVEN, FL 33884 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | ROBERT DAWSON | |
| 4.3 STREET ADDRESS | 3017 SILVERADO TERRACE | |
| 4.4 CITY-ST-ZIP | WINTER HAVEN, FL 33884 | |
| 5.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | RICHARD F. O'HARA | |
| 5.3 STREET ADDRESS | 3007 SILVERADO TERRACE | |
| 5.4 CITY-ST-ZIP | WINTER HAVEN, FL. 33884 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | CARLETON H. COLLINS | |
| 6.3 STREET ADDRESS | 3027 SILVERADO TERRACE | |
| 6.4 CITY-ST-ZIP | WINTER HAVEN, FL. 33884 | |

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 119.07(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* 3-28-96 941-324-7024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

CR2E037 (12/95)