


FILED

Mar 20 1997 8:00am

Secretary of State

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 C/O GENEVIEVE O'HARA 3007 SILVERADO TERRACE WINTER HAVEN FL 33884	Mailing Address C/O GENEVIEVE O'HARA 3007 SILVERADO TERRACE WINTER HAVEN FL 33884-1255
--	---

3. Date Incorporated or Qualified 11/13/1986	3a. Date of Last Report 04/02/1996
--	--

2. Principal Place of Business 21 3102 CYPRESSWOOD BLVD.	2a. Mailing Address 26
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 City & State WINTER HAVEN FL.	28 City & State
24 Zip 33884	25 Country POLK
29	30

4. FEI Number 59-2953541	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 ROBERT D. MORRIS
82 Street Address (P.O. Box Number is Not Acceptable)
83 3102 CYPRESSWOOD BLVD.
84 City WINTER HAVEN FL
85 Zip Code FL 33884

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: *Robert D. Morris* (**ROBERT D. MORRIS**) **TREASURER** DATE: **3/17/97**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, THOMAS C
STREET ADDRESS	3106 CYPRESSWOOD BLVD.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MOSIMANN, JOAN
STREET ADDRESS	3009 SILVERADO TERRACE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	TD <input checked="" 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	PD <input checked="" 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	COLLINS, CARLETON H.
STREET ADDRESS	3027 SILVERADO TERRACE
CITY-ST-ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DICK O'HARA
1.3 STREET ADDRESS	3007 SILVERADO TERRACE
1.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT D. MORRIS
3.3 STREET ADDRESS	3102 CYPRESSWOOD BLVD.
3.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GEORGE POLKE
4.3 STREET ADDRESS	3003 SILVERADO TERRACE
4.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
5.1 TITLE	VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PAUL CHADELAINE
5.3 STREET ADDRESS	3001 SILVERADO TERRACE
5.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HARRY MOSIMANN
6.3 STREET ADDRESS	3009 SILVERADO TERRACE
6.4 CITY-ST-ZIP	WINTER HAVEN FL 33884

14. I do 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 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: *Robert D. Morris* (**ROBERT D. MORRIS**) DATE: **3/17/97** 9413244144
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054881

CP2E037 (9/96)