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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17764** (4)
1. Corporation Name
CYPRESS POND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 3102 CYPRESSWOOD BLVD WINTER HAVEN FL 33884 US	Mailing Address C/O GENEVIEVE O'HARA 3007 SILVERADO TERRACE WINTER HAVEN FL 33884
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3. Date Incorporated or Qualified 11/13/1986		
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**MORRIS, ROBERT D
3102 CYPRESSWOOD BLVD
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 **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 4/16/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	O'HARA, DICK
STREET ADDRESS	3007 SILVERADO TERR
CITY-ST-ZIP	WINTERHAVEN FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MOSIMANN, JOAN
STREET ADDRESS	3009 SILVERADO TERRACE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT D
STREET ADDRESS	3102 CYPRESSWOOD BLVD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	POLKE, GEORGE E.
STREET ADDRESS	3003 SILVERADO TERR
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	CHAPDELAINE, PAUL
STREET ADDRESS	3001 SILVERADO TERR
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MOSIMANN, HARRY
STREET ADDRESS	3009 SILVERADO TERR
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	IUAN KING
1.3 STREET ADDRESS	3015 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARILYN PLETCHER
4.3 STREET ADDRESS	3011 SILVERADO TERRACE
4.4 CITY-ST-ZIP	WINTER HAVEN FL 33884
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ROGER DANGER DANGRE MOND
5.3 STREET ADDRESS	3025 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 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**) 4/16/98 941 3244144

CR2E037 (10/97)