2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # N17764** 1. Entity Name CYPRESS POND HOMEOWNERS' ASSOCIATION, INC. 02-01-2000 90010 039 ****61.25 Principal Place of Business Mailing Address 3102 CYPRESS WOOD BLVD WINTER HAVEN FL 33884 C/O GENEVIEVE O'HARA 3007 SILVERADO TERRACE 608717 WINTER HAVEN FL 33884-1255 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2953541 Not ≙: Zip Country Zip Country 5. Certificate of Status Desired Fee Required =7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MORRIS, ROBERT D 3102 CYPRESSWOOD BLVD WINTER HAVEN FL 33884 City Zip Code 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.

| | FILE NOW: FEE IS \$61.25 | 9. Election Campaign Trust Fund Contribu | · - | \$5.00 May Be Added to Fees | Make Check Payable to Department of State | |
|---------------------------------------|---|---|---|---|--|------------|
| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | IN 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KING, IVAN 3015 SILVERADO TERR WINTER HAVEN FL 33884 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , Change | A Dec. |
| TITLE NAME STREET ADDRESS ČITY-ST-ŽIP | S MOSIMANN, JOAN | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP- | · | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MORRIS, ROBERT D | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PLETCHER, MARILYN | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DANGREMOND, ROGER | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOSIMANN, HARRY | □ Delete | TITLE :: NAME STREET ADDRESS CHY-ST-ZIP | | ☐ Change | Addition |

12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.MURRIS

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