

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90024 015 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N17764
 1. Entity Name
CYPRESS POND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 3102 CYPRESS WOOD BLVD WINTER HAVEN FL 33884 US	Mailing Address C/O GENEVIEVE O'HARA 3007 SILVERADO TERRACE WINTER HAVEN FL 33884
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2953541	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
**MORRIS, ROBERT D
 3102 CYPRESSWOOD BLVD
 WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE ROBERT D. MORRIS Robert D Morris Treasurer 1-04-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, IVAN 3015 SILVERADO TERR WINTER HAVEN FL 33884 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSIMANN, JOAN 3009 SILVERADO TERRACE WINTER HAVEN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORRIS, ROBERT D 3102 CYPRESSWOOD BLVD WINTER HAVEN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLETCHER, MARILYN 3011 SILVERADO TERR WINTER HAVEN FL 33884 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANGREMOND, ROGER 3025 SILVERADO TERR WINTER HAVEN FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSIMANN, HARRY 3009 SILVERADO TERR WINTER HAVEN FL <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL CHAPDELAINÉ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 SILVERADO TERRACE WINTER HAVEN FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAREN CHAPDELAINÉ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3001 SILVERADO TERRACE WINTER HAVEN FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IUAN KING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3015 SILVERADO TERRACE WINTER HAVEN FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENEVIEVE O'HARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3007 SILVERADO TERRACE WINTER HAVEN FL 33884

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: ROBERT D. MORRIS Robert D Morris Treasurer 1-4-01 8633244144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)