

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90127 006 \*\*\*\*61.25



**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2953541**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRIS, ROBERT D  
3102 CYPRESSWOOD BLVD  
WINTER HAVEN FL 33884**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT D. MORRIS**

Signature, typed or printed name of registered agent and title if applicable.

*Robert D Morris* Treasurer 4-25-05  
*Robert D Morris*  
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW, FEES IS \$61.25

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

Make Check Payable to  
Florida Department of State

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S <input type="checkbox"/> Delete<br><b>THOMAS, GEORGE<br/>3013 SILVERADO TERRACE<br/>WINTER HAVEN FL 33884</b> SECRETARY |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T <input type="checkbox"/> Delete<br><b>MORRIS, ROBERT D<br/>3102 CYPRESSWOOD BLVD<br/>WINTER HAVEN FL</b> TREASURER      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>JIM LAMMER<br/>3001 SILVERADO TERRACE<br/>W.H. 33884 PH 863 875 1356</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>FRANK THOMAS<br/>3013 SILVERADO TERRACE<br/>W.H. 33884</b>                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>DICK O'HARA<br/>3007 SILVERADO TERRACE<br/>W.H. 33884-863 3247024</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>BUTCH CAMPBELL<br/>3104 CYPRESSWOOD BLVD W.H. 33884</b>                   |

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** Treasurer 4-25-05  
*Robert D Morris*

ATTACHMENT

14015717

Secretary of State # N17764

He did not receive a new form for year 2004. I hope this revised document N17764 will suffice. If not forward a new one to the mailing address as shown. All new officer names are correct currently. Check enclosed for usual amount of 61.25.

Thanks in advance

Robert D. Morris  
Treasurer 4-25-05



Robert & Barbara Morris  
3102 Cypresswood Blvd  
Winter Haven, FL 33884-1283