


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90185 046 \*\*\*\*61.25

DOCUMENT # <b>NY7764</b>			
1. Entity Name <b>CYPRESS POND HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>3102 CYPRESS WOOD BLVD WINTER HAVEN FL 33884 US</b>		Mailing Address <b>C/O GENEVIEVE O'HARA 3007 SILVERADO TERRACE WINTER HAVEN FL 33884</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>MORRIS, ROBERT D 3102 CYPRESSWOOD BLVD WINTER HAVEN FL 33884</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, GEORGE</b>	NAME	<b>SECRETARY</b>
STREET ADDRESS	<b>3013 SILVERADO TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, ROBERT D</b>	NAME	<b>MAIL CORRESPONDENCE</b>
STREET ADDRESS	<b>3102 CYPRESSWOOD BLVD</b>	STREET ADDRESS	<b>TO ME.</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, FRANK</b>	NAME	
STREET ADDRESS	<b>3013 SILVERADO TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'HARA, DICK</b>	NAME	
STREET ADDRESS	<b>3007 SILVERADO TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPBELL, BUTCH</b>	NAME	
STREET ADDRESS	<b>3104 CYPRESSWOOD BLVD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JIM LAMMER (P)</b>	NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>3001 SILVERADO TERRACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2953541** Applied For  Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 2-25-06 8633244144