2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N17764 01-31-2007 90035 004 ****61.25 CYPRESS POND HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 3102 CYPRESS WOOD BLVD C/O ROBERT D MORRIS WINTER HAVEN, FL 33884 3102 CYPRESSWOOD BLVD WINTER HAVEN, FL 33884 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-2953541 Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORRIS, ROBERT D 3102 CYPRESSWOOD BLVD Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE SECRETARY Change ☐ Addition THOMAS, GEORGE NAME NAME VERN STEINFORT 3023 SILVERADO TERRACE STREET ADDRESS 3013 SILVERADO TERRACE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP WINTER HAVEN FL. 33884 T REASURER TITLE ☐ Defete TITLE Change ☐ Addition NAME MORRIS, ROBERT D 3102 CYPRESSWOOD BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition THOMAS, FRANK NAME STREET ADDRESS 3013 SILVERADO TERRACE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME O'HARA, DICK NAME STREET ADDRESS 3007 SILVERADO TERRACE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE ☐ Delete HICE PRESIDENT ☐ Change ☐ Addition CAMPBELL, BUTCH NAME NAME 3104 CYPRESSWOOD BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change PRESIDENT ☐ Addition LAMMER, JIM NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

KOBERT D. MORRIS 1-28-07

FILED

Jan 31, 2007 8:00 am