

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90016 005 ****61.25



DOCUMENT # N17764
 1. Entity Name
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**
US **WINTER HAVEN FL 33884**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number Applied For
59-2953541 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____
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
Due By May 1, 2008

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	S <input type="checkbox"/> Delete
NAME	STEINFORT, VERN
STREET ADDRESS	3023 SILVERADO TERRACE
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	T <input type="checkbox"/> Delete
NAME	MORRIS, ROBERT D
STREET ADDRESS	3102 CYPRESSWOOD BLVD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	THOMAS, FRANK
STREET ADDRESS	3013 SILVERADO TERRACE
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	O'HARA, DICK
STREET ADDRESS	3007 SILVERADO TERRACE
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	VP <input type="checkbox"/> Delete
NAME	CAMPBELL, BUTCH
STREET ADDRESS	3104 CYPRESSWOOD BLVD
CITY-ST-ZIP	WINTER HAVEN FL 33884
TITLE	P <input type="checkbox"/> Delete
NAME	LAMMER, JIM
STREET ADDRESS	Y
CITY-ST-ZIP	WINTER HAVEN FL 33884

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Treasurer 2/23/08 8633244144*