

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 11, 2009  
Secretary of State**

DOCUMENT# N17764

Entity Name: CYPRESS POND HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3102 CYPRESS WOOD BLVD  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBERT D MORRIS  
3102 CYPRESSWOOD BLVD  
WINTER HAVEN, FL 33884

**New Mailing Address:**

FEI Number: 59-2953541      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: STEINFORT, VERN  
Address: 3023 SILVERADO TERRACE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: T ( ) Delete  
Name: MORRIS, ROBERT D  
Address: 3102 CYPRESSWOOD BLVD  
City-St-Zip: WINTER HAVEN, FL

Title: VP ( ) Delete  
Name: CAMPBELL, BUTCH  
Address: 3104 CYPRESSWOOD BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: P ( ) Delete  
Name: LAMMER, JIM  
Address: Y  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM LAMMER

P

07/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date