


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90641 014 ****61.25

DOCUMENT # N37046			
1. Entity Name CYPRESS POINT HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.			
Principal Place of Business 8867 LAKE SHEEN COURT ORLANDO, FL 32836 US		Mailing Address 407 WEKLUVA-SPRINGS RD SUITE 205 LONGWOOD, FL 32779 US	
2. Principal Place of Business		3. Mailing Address <i>407 Wekluva Springs Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 205</i>	
City & State		City & State <i>Longwood FL</i>	
Zip	Country	Zip	Country
<i>32779</i>	<i>US</i>	<i>32779</i>	<i>US</i>
4. FEI Number 59-2999300		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KEHLER, PAT 407 WEKLUVA SPRINGS ROAD STE 205 LONGWOOD, FL 32779		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD MCGUIRE, DOUG <input checked="" type="checkbox"/> Delete	TITLE	VD COCKERELL, PRISCILLA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9128 POINT CYPRESS DR	NAME	9163 GREAT HERON CIRCLE
STREET ADDRESS	ORLANDO, FL 32836	STREET ADDRESS	ORLANDO, FL 32836
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D GALL, BOB <input type="checkbox"/> Delete	TITLE	D TRUSHEIM, JOE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9163 GREAT HERON CIRCLE	NAME	8725 White Ibis Court
STREET ADDRESS	ORLANDO, FL 328369	STREET ADDRESS	ORLANDO FL 32836
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BERGERON, ALBERT <input type="checkbox"/> Delete	TITLE	TD BERGERON, ALBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9077 GREAT HERON CIRCLE	NAME	9077 GREAT HERON CIRCLE
STREET ADDRESS	ORLANDO, FL 32836	STREET ADDRESS	ORLANDO, FL 32836
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD NEWLIN, BEN <input checked="" type="checkbox"/> Delete	TITLE	SD STROBEL, VERONICA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8749 WHITE IBIS CT	NAME	9017 GREAT HERON CIRCLE
STREET ADDRESS	ORLANDO, FL 32836	STREET ADDRESS	ORLANDO, FL 32836
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SCHNEPP, BILL <input type="checkbox"/> Delete	TITLE	
NAME	9147 GREAT HERON CIRCLE	NAME	
STREET ADDRESS	ORLANDO, FL 32836	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD WEPPELMANN, LORRIS <input type="checkbox"/> Delete	TITLE	
NAME	9164 POINT CYPRESS DR.	NAME	
STREET ADDRESS	ORLANDO, FL 32836	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Lorris Weppelmann</i>		Date: <i>4/6/04</i> Daytime Phone #: <i>407-876-2781</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	