

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90028 025 ****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 WEKIVA SPRINGS RD
SUITE 205
LONGWOOD, FL 32779 US



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01242005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
KEHLER, PAT
407 WEKIVA SPRINGS ROAD
STE 205
LONGWOOD, FL 32779

4. FEI Number
59-2999300
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name: Rodger A. Marty
Street Address (P.O. Box Number is Not Acceptable):
407 Wekiva Springs Road
Ste 205
City: Longwood FL Zip Code: 32779

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: Rodger A. Marty (Signature, typed or printed name of registered agent and title if applicable.)
Rodger A. Marty (NOTE: Registered Agent signature required when reinstating.)
DATE: 1-28-05

Filing Fee is \$61.25 Due by May 1, 2005

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	VD	<input type="checkbox"/> Delete
NAME	COCKERELL, PRISCILLA	
STREET ADDRESS	9163 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALL, BOB	
STREET ADDRESS	9163 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 328369	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERGERON, ALBERT	
STREET ADDRESS	9077 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STROBEL, VERONICA	
STREET ADDRESS	9017 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHNEPP, BILL	
STREET ADDRESS	9147 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEPPELMANN, LORRIS	
STREET ADDRESS	9164 POINT CYPRESS DR.	
CITY-ST-ZIP	ORLANDO, FL 32836	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBERTSON, ROBERT	
STREET ADDRESS	9020 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNDON, JAY	
STREET ADDRESS	9001 GREAT HERON CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32836	
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 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: Lorris Weppelmann PRESIDENT HOA
LORRIS WEPPELMANN 3/17/2005 407 8762781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #