


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90160 034 ****61.25

| | | | | | |
|--|-------------------------|--|---|--|--|
| DOCUMENT # N37046 | | | |  | |
| 1. Entity Name CYPRESS POINT HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC. | | | | | |
| Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044 US | | | Mailing Address 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044 US | | |
| 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 | 4. FEI Number 59-2999300 | |
| | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | VD | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COCKERELL, PRISCILLA | | NAME | HERNDON, JAY | |
| STREET ADDRESS | 9163 GREAT HERIN CIRCLE | | STREET ADDRESS | 9001 GREAT HERON CIR | |
| CITY-ST-ZIP | ORLANDO, FL 32836 | | CITY-ST-ZIP | ORLANDO FL 32836 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALL, BOB | | NAME | | |
| STREET ADDRESS | 9163 GREAT HERON CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 328369 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERGERON, ALBERT | | NAME | | |
| STREET ADDRESS | 9077 GREAT HERON CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32836 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SONNIER, VERONICA | | NAME | | |
| STREET ADDRESS | 9017 GREAT HERON CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32836 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALBERTSON, ROBERT | | NAME | | |
| STREET ADDRESS | 9020 GREAT HERON CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32836 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEPPELMANN, LORRIS | | NAME | | |
| STREET ADDRESS | 9164 POINT CYPRESS DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32836 | | CITY-ST-ZIP | | |
| 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. | | | | | |
| SIGNATURE: <u><i>Lorris Weppele</i></u> | | Date: <u>4/19/2007</u> | | Daytime Phone # _____ | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |