

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90055 038 \*\*\*\*61.25

**DOCUMENT # N02000008603**

1. Entity Name  
CYPRESS POINTE AT CYPRESS SPRINGS  
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
1350 ORANGE AVE, SUITE 100  
WINTER PARK, FL 32789 US

Mailing Address  
1350 ORANGE AVE, SUITE 100  
WINTER PARK, FL 32789 US

**ATTWOOD-PHILLIPS, INC.**  
**40068337**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
65-0326491

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

GODBOLD, DOWNING, SHEAHAN & BILL PA  
222 WEST COMSTOCK AVE  
STE 101  
WINTER PARK, FL 32789

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

**Filing 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	PD	<input checked="" type="checkbox"/> Delete
NAME	BOTWINIK, NIKKI	
STREET ADDRESS	1357 AMARYLLIS CIR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EVANS, ISAIAH JR	
STREET ADDRESS	1443 AMARYLLIS CIR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMAS, DON	
STREET ADDRESS	1437 AMARYLLIS CIR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	MOSER, GEORGE	
STREET ADDRESS	12032 BLAIREMONT WAY	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLE, WARDRIAS	
STREET ADDRESS	1917 AMARYLLIS CIR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN RAMSAY	
STREET ADDRESS	1473 AMARYLLIS CIR	
CITY-ST-ZIP	ORLANDO FL 32825	
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 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:**

*George J. Moser* **GEORGE J. MOSER**

**APRIL 3, 2008**

**407-208-0368**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #