

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734690

**FILED**  
**Jun 17, 2020**  
**Secretary of State**  
**1816058982CC**

**Entity Name:** CYPRESS POINT HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6039 CYPRESS GARDENS BLVD.  
#269  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

6039 CYPRESS GARDENS BLVD.  
#269  
WINTER HAVEN, FL 33884 US

**FEI Number: 59-2947881**

**Certificate of Status Desired: No**

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

COPLEY, KAREN P  
1105 CYPRESS POINT WEST ROAD  
WINTER HAVEN, FL 33884 US

*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

**Officer/Director Detail :**

Title T  
Name FARRIS, LEAINE  
Address 1125 CYPRESS POINT WEST RD  
City-State-Zip: WINTER HAVEN FL 33884

Title VP  
Name COPLEY, KAREN  
Address 1105 CYPRESS POINT WEST RD  
City-State-Zip: WINTER HAVEN FL 33884

Title S  
Name ROUNDS, LISA  
Address 1112 CYPRESS POINT WEST RD  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name WICKENS, NICOLE  
Address 1210 CYPRESS POINT EAST  
City-State-Zip: WINTER HAVEN FL 33884

Title PRESIDENT  
Name ROGERS, SCOTT  
Address 1214 CYPRESS POINT EAST  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name SWANGO, GLYNN  
Address 1116 CYPRESS POINT WEST  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name DE ANGELIS, BRAY  
Address 1119 CYPRESS POINT WEST  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name TALBOT, DAN  
Address 1206 CYPRESS POINT EAST  
City-State-Zip: WINTER HAVEN FL 33884

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: LEAINE FARRIS**

**TREASURER**

**06/17/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WILLIAMS, ROB  
Address        1204 CYPRESS POINT EAST  
City-State-Zip: WINTER HAVEN FL 33884