

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734690

Entity Name: CYPRESS POINT HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

FILED
Jan 31, 2017
Secretary of State
CC7056757119

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

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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

01/31/2017

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