

**2024 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

**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:**

MAXAM, LEE ANN  
1113 CYPRESS POINT W  
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:** LEE ANN MAXAM

02/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JAMES, DEVIN  
Address        1212 CYPRESS POINT E  
City-State-Zip: WINTER HAVEN FL 33884

Title            TREASURER  
Name            MAXAM, LEE ANN  
Address        1113 CYPRESS POINT W  
City-State-Zip: WINTER HAVEN FL 33884

Title            SECRETARY  
Name            KENNON, DEBORAH  
Address        1226 CYPRESS POINT E  
City-State-Zip: WINTER HAVEN FL 33884

Title            DIRECTOR  
Name            SIMMONS, ERNEST  
Address        1209 CYPRESS POINT E  
City-State-Zip: WINTER HAVEN FL 33884

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

Title            DIRECTOR  
Name            MONTS DE OCA, MICHAEL  
Address        1209 CYPRESS POINT E  
City-State-Zip: WINTER HAVEN FL 33884

Title            DIRECTOR  
Name            TANKE, PAUL  
Address        1219 CYPRESS POINT E  
City-State-Zip: WINTER HAVEN FL 33884

*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:** LEE ANN MAXAM

**TREASURER**

02/23/2024

Electronic Signature of Signing Officer/Director Detail

Date