

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751987

**FILED**  
**Mar 27, 2024**  
**Secretary of State**  
**8290735992CC**

**Entity Name:** THE CYPRESSWOOD GARDEN PATIO HOMES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

399 TROON CT.  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

P.O. BOX 1259  
DUNDEE, FL 33838 US

**FEI Number: 59-2057326**

**Certificate of Status Desired: No**

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

LOCKWOOD, DOUGLAS A  
STRAUGHN & TURNER, P.A.  
255 MAGNOLIA AVE., S.W.  
WINTER HAVEN, FL 33883 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            PRESIDENT  
Name            LEHMAN, MARIANNA  
Address        407 BIRKSDALE COURT, WINTER HAVEN, FL, USA  
                  407 BIRKSDALE COURT  
City-State-Zip: WINTER HAVEN FL 33884

Title            TREASURER  
Name            LUCIEW, RICHARD  
Address        399 TROON COURT  
City-State-Zip: WINTER HAVEN FL 33884

Title            DIRECTOR  
Name            MALONE, DIANN  
Address        388 TROON CT.  
City-State-Zip: WINTER HAVEN FL 33884

Title            SECRETARY  
Name            WILLIAMS, CRYSTAL  
Address        397 TROON COURT  
City-State-Zip: WINTER HAVEN FL 33884

Title            DIRECTOR  
Name            OUELLETTE, NORA  
Address        421 GLENEAGLES CT.  
City-State-Zip: WINTER HAVEN FL 33884

Title            VP  
Name            WEIS, TIM  
Address        395 TROON CT  
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: RICHARD LUCIEW**

**TREASURER**

**03/27/2024**

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

\_\_\_\_\_  
Date