

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751987

**FILED**  
**Feb 28, 2018**  
**Secretary of State**  
**CC0642706820**

**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            LUCIEW, RICHARD B.  
Address        399 TROON CT  
City-State-Zip: WINTER HAVEN FL 33884

Title            SECRETARY  
Name            MAY, POLLY  
Address        398 TROON 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            THOMPSON, SYLVIA  
Address        381 TROON CT  
City-State-Zip: WINTER HAVEN FL 33884

Title            DIRECTOR  
Name            DI LORENZO, MARJORIE  
Address        425 GLENEAGLES CT.  
City-State-Zip: WINTER HAVEN FL 33884

Title            DIRECTOR  
Name            BUTCHER, JOHN  
Address        391 TROON CT  
City-State-Zip: WINTER HAVEN FL 33884

Title            DIRECTOR  
Name            WILLIAMS, CRYSTAL  
Address        397 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 B. LUCIEW**

**PRESIDENT**

**02/28/2018**

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

\_\_\_\_\_  
Date