

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768376

**Entity Name:** CYPRESSWOOD GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 08, 2022**  
**Secretary of State**  
**8912670411CC**

**Current Principal Place of Business:**

3601 CYPRESS GARDENS ROAD  
SUITE A  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

P.O. BOX 273  
DUNDEE, FL 33838 US

**FEI Number: 59-2953569**

**Certificate of Status Desired: No**

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

GOSNELL, SHANNON W  
3601 CYPRESS GARDENS ROAD  
SUITE A  
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: SHANNON W GOSNELL**

**04/08/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name MURPHY, WILLIAM  
Address 3601 CYPRESS GARDENS ROAD  
SUITE A  
City-State-Zip: WINTER HAVEN FL 33884

Title VP, DIRECTOR  
Name NEHER, ALLEN  
Address 3601 CYPRESS GARDENS ROAD  
SUITE A  
City-State-Zip: WINTER HAVEN FL 33884

Title PRESIDENT, TREASURER, DIRECTOR  
Name MULLEN, RODNEY  
Address 3601 CYPRESS GARDENS ROAD  
SUITE A  
City-State-Zip: WINTER HAVEN FL 33884

Title SECRETARY, DIRECTOR  
Name BUCKLAND, THERESA  
Address 3601 CYPRESS GARDENS ROAD  
SUITE A  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name DREW, BOB  
Address 3601 CYPRESS GARDENS ROAD  
SUITE A  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name FREND, PETER  
Address 3601 CYPRESS GARDENS ROAD  
SUITE A  
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR  
Name PANGBORN, ROBERT  
Address 3601 CYPRESS GARDENS ROAD  
SUITE A  
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: RODNEY MULLEN**

**PRESIDENT**

**04/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date