

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

DOCUMENT# 768376

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

**Current Principal Place of Business:**

900 EAGLE POND DRIVE  
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  
900 EAGLE POND DRIVE  
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**

**01/10/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	VP, DIRECTOR
Name	LOCKHART, GEORGE	Name	NEHER, ALLEN
Address	900 EAGLE POND DRIVE	Address	900 EAGLE POND DRIVE
City-State-Zip:	WINTER HAVEN FL 33884	City-State-Zip:	WINTER HAVEN FL 33884
Title	PRESIDENT, TREASURER, DIRECTOR	Title	SECRETARY, DIRECTOR
Name	MULLEN, RODNEY	Name	BUCKLAND, THERESA
Address	900 EAGLE POND DRIVE	Address	900 EAGLE POND DRIVE
City-State-Zip:	WINTER HAVEN FL 33884	City-State-Zip:	WINTER HAVEN FL 33884
Title	DIRECTOR	Title	DIRECTOR
Name	DREW, BOB	Name	HELMS, BONNIE
Address	900 EAGLE POND DRIVE	Address	900 EAGLE POND DRIVE
City-State-Zip:	WINTER HAVEN FL 33884	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**

**01/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date