

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 331258**

1. Entity Name  
CYPRESS GARDENS REALTY, INC.



Principal Place of Business  
290 CYPRESS GARDENS BLVD, S E  
P.O. BOX 1439  
WINTER HAVEN, FL 33880

Mailing Address  
290 CYPRESS GARDENS BLVD, S E  
P.O. BOX 1439  
WINTER HAVEN, FL 33880



01312007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1212508

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NOLEN, J M  
290 CYPRESS GARDENS BLVD, S E  
WINTER HAVEN, FL 33880

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

U00000677588  
03/30/07-80110-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	SECKEL, LARRY
STREET ADDRESS	504 LAKE MARIAM
CITY-ST-ZIP	WINTER HAVEN, FL 00000,
TITLE	VD
NAME	LEIS, GEORGE W
STREET ADDRESS	700 MIRROR TERR N W
CITY-ST-ZIP	WINTER HAVEN, FL 00000,
TITLE	STD
NAME	NOLEN, J M JR
STREET ADDRESS	122 LAKE MARIAM WAY
CITY-ST-ZIP	WINTER HAVEN, FL 00000,
TITLE	PD
NAME	NOLEN, J M
STREET ADDRESS	290 CYPRESS GARDENS BLVD, S E
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** J M Nolen J. M. NOLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07

Date

863-325-5856

Daytime Phone #