

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 12 1998 8:00am
Secretary of State

DOCUMENT # 717513 (6)

1. Corporation Name

CYPRESS GARDENS SERTOMA CLUB, INC.

Principal Place of Business

Mailing Address

1825 SIXTH STREET S.E.
WINTER HAVEN FL 33880

P.O. BOX 831
WINTER HAVEN FL 33882
US



3. Date Incorporated or Qualified

11/06/1969

4. FEI Number

59-6213295

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, J. KELLY
796 W. LAKE OTIS DR.
WINTER HAVEN FL 33880

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LEPERE, RICHARD
STREET ADDRESS 1293 CARTER ST.
CITY-ST-ZIP WAVERLY FL

☐ DELETE

1.1 TITLE 3
1.2 NAME BILL FERGUSON
1.3 STREET ADDRESS 900 AVE M. S.E.
1.4 CITY-ST-ZIP WINTER HAVEN, FL 33880

☐ Change ☒ Addition

TITLE PD
NAME FITZGRAY, STEWART
STREET ADDRESS 1844 17TH ST. NW
CITY-ST-ZIP WINTER HAVEN FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSD
NAME LEPERE, RICHARD SR
STREET ADDRESS 1296 CENTER ST.
CITY-ST-ZIP WAVERLY FL

☐ DELETE

3.1 TITLE PD
3.2 NAME LEPERE, RICHARD SR
3.3 STREET ADDRESS 1296 Center Street
3.4 CITY-ST-ZIP Waverly, FL

☒ Change ☐ Addition

TITLE TD
NAME CRISMAN, STEVEN
STREET ADDRESS 2012 17TH ST BW
CITY-ST-ZIP WINTER HAVEN FL 33883

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SWART, BILL
STREET ADDRESS 1750 HAVENDALE BLVD.
CITY-ST-ZIP WINTER HAVEN FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Steven S. Crisman STEVEN S. CRISMAN

4/21/98

941-294-6238

CR2E037 (10/97)