2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2007 8:00 am Secretary of State **DOCUMENT #734690** 05-02-2007 90104 032 ****61.25 CYPRESS POINT HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 6039 CYPRESS GARDENS BLVD., #269 6039 CYPRESS GARDENS BLVD., #269 WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04192007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-2947881 City & State Applied For Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COPLEY, KAREN P 1105 CYPRESS POINT WEST ROAD Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN, FL 33884 Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** (NOTE: Registered Agent alignature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2007 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition NAME FARRIS, LEAINE NAME Reggie DWONS 1125 CYPRESS POINT WEST RD STREET ADDRESS STREET ADDRESS DIS CUPRISS BUIL EAST CITY-ST-ZIP WINTER HAVEN, FL 33884 CiTY-ST-ZIP MICHANIO EL 33884 TILLE Delete TITLE ☐ Change Addition NAME CLARKE, JOHN NAME STREET ADDRESS 1108 CYPRESS POINT WEST RD STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME GOPLEY, KAREN NAME STREET ADDRESS 1105 CYPRESS POINT WEST RD STREET ADDRESS

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 617, 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.

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STREET ADDRESS

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CITY-ST-ZIP

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SIGNATURE:

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STREET ADDRESS

STREET ADDRESS

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NAME

TITLE

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WINTER HAVEN, FL 33884

WINTER HAVEN, FL 33884

WINTER HAVEN, FL 33884

1116 CYPRESS PT W ST RD

WINTER HAVEN, FL 33884

1112 CYPRESS POINT WEST RD

1126 CYPRESS POINT EAST RD

ROUNDS, LISA

KENNON, DON

SWANGO, GLYNN

B SIGNATURE AND TYPED OR

☐ Change

☐ Change

☐ Change

Addition

☐ Addition

☐ Addition

FILED