


FILED
Feb 01, 2008 8:00 am
Secretary of State

4001300-

DOCUMENT # 745446		02-01-2008 90019 043 ****61.25	
1. Entity Name CYPRESS GARDENS CORVETTE CLUB, INC.			
Principal Place of Business 457 RUBY LAKE PL. WINTER HAVEN, FL 33884 US		Mailing Address 457 RUBY LAKE PL. WINTER HAVEN, FL 33884 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2064203		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLAKELY, TERRY 457 RUBY LAKE PL. WINTER HAVEN, FL 33884		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	BLAKELY, TERRY	NAME	
STREET ADDRESS	457 RUBY LAKE PL.	STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN, FL 33884	CITY - ST - ZIP	
TITLE	VD	TITLE	VD
NAME	MORRIS, JIM	NAME	ERICSON, BARBARA
STREET ADDRESS	111 LAKE MIRIAM WAY	STREET ADDRESS	2314 W. SUGAR CREEK DR
CITY - ST - ZIP	WINTER HAVEN, FL 33884	CITY - ST - ZIP	LAKE LAND, FL 33811
TITLE	ST	TITLE	ST
NAME	RUSSELL, SHERRY	NAME	IVATE GEIGER
STREET ADDRESS	PO BOX 5992	STREET ADDRESS	5047 HIGHLANDS BY THE LAKE
CITY - ST - ZIP	LAKE LAND, FL 33807	CITY - ST - ZIP	LAKE LAND, FL 33813
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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.			
SIGNATURE: Tom Blakely		Date: 8/6/87 Daytime Phone #: 875 1961	