


# 007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90235 013 \*\*\*\*61.25

<b>DOCUMENT # 747056</b>	
1. Entity Name	
THE GREENFIELD VILLAGE OF CYPRESSWOOD HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
241 GREENFIELD RD. WINTER HAVEN FL 33884 US	241 GREENFIELD RD. 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

4. FEI Number	Applied For
59-6768034	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
LAMECK, VEDA W. 241 GREENFIELD RD. WINTER HAVEN FL 33884-1309	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BRIDGES, JOHN 211 GREENFIELD RD. WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS WEBER, PAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 80 Greenfield CT WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MORLEY, NELSON W 231 GREENFIELD RD. WINTER HAVEN FL 33884 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WIEBER, RANDY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 80 Greenfield CT WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP EDMONDS, GERALD 250 GREENFIELD RD. WINTER HAVEN FL 33884 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP BROCK, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 231 Greenfield Rd WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD MONTAGUE, VINCENT 110 GREENFIELD ROAD WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PORN, Gary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 121 Greenfield Rd WINTER HAVEN FL 33884
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT LAMECK, VEDA 241 GREENFIELD ROAD WINTER HAVEN FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Bonkowski, Steve <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 251 Greenfield Rd WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MACHETT, PAUL 130 GREENFIELD ROAD WINTER HAVEN FL 33884 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	COVER, JEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 70 Greenfield CT WINTER HAVEN, FL 33884

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Veda Lameck / VEDA LAMECK DT 4-3-07 863 3269361