2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State
02-19-2007 90060 026 ****61.25

DOCUMENT # 754357

1. Entity Name

THE CYPRESSWOOD CLUB PATIO HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2996 PLANTATION RD WINTER HAVEN FL 33884 US	P.O. BOX 1797 DUNDEE FL 33838 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
454 Pinehurst Ct	454 Pinehurst Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haver, FL	City & State: Winter Haven, FL
Zip: 33884 Country: US	Zip: 33884 Country: US

4. FEI Number: 59-2373259 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SARNO, ROBERT J
2996 PLANTATION RD
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name: Linda L Deckert
Street Address (P.O. Box Number is Not Acceptable): 454 Pinehurst Ct
City: Winter Haven FL Zip Code: 33884

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: Linda L Deckert Linda L Deckert 2/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DECKERT, LINDA L 454 PINEHURST CT WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/V Dennis Davis 630 Wexford Ct Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HILLIER, EVELYN 611 TURNBERRY COURT WINTER HAVEN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Nancy Sebastian 616 Turnberry Ct Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLEY, DON 464 MUIRFIELD CT WINTER HAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard Wheelis 613 Turnberry Ct Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHORNEY, WILLIAM 601 TURNBERRY COURT WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P William Chorney 601 Turnberry Ct Winter Haven, FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIKTA, LORIE 467 MUIRFIELD CT WINTER HAVEN FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carolyn Keith 457 Pinehurst Ct Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SARNO, ROBERT 2996 PLANTATION RD WINTER HAVEN FL 33884	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles Dietrich 456 Pinehurst Ct Winter Haven, FL 33884	☐ Change ☒ Addition

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: Linda L Deckert, Treas Linda L Deckert 2/8/07 863-324-1729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #