

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 755640

1. Entity Name
THE CYPRESSWOOD COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**3601 CYPRESS GDN RD #A
WINTER HAVEN, FL 33884**

Mailing Address
**3601 CYPRESS GDN RD #A
WINTER HAVEN, FL 33884**



04032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2490637

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOD, JOHN G., JR.
3601 CYPRESS GDN RD #A
WINTER HAVEN, FL 33884**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(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. ☐

\$5.00 May Be
Added to Fees

U000000904366
05/01/08-80010-001 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOOD, JOHN G.
STREET ADDRESS	3601 CYPRESS GDN RD #A
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	T
NAME	SHELL, JEFF
STREET ADDRESS	3221 OAK TREE LANE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VPD
NAME	MONTAGUE, VINCEN
STREET ADDRESS	110 GREENFIELD ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	SD
NAME	SPRINGER, ROBERT
STREET ADDRESS	P.O. BOX 1117
CITY-ST-ZIP	DUNDEE, FL 33838
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #