

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755640

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE CYPRESSWOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3601 CYPRESS GDN RD #A
WINTER HAVEN, FL 33884

New Principal Place of Business:

3601 CYPRESS GDN RD
SUITE A
WINTER HAVEN, FL 33884

Current Mailing Address:

3601 CYPRESS GDN RD #A
WINTER HAVEN, FL 33884

New Mailing Address:

3601 CYPRESS GDN RD
SUITE A
WINTER HAVEN, FL 33884

FEI Number: 59-2490637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WOOD, JOHN G ATTN
3601 CYPRESS GDN RD
SUITE A
WINTER HAVEN, FL 33884 US

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.

SIGNATURE: ANNE V WOOD

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOOD, JOHN G.
Address: 3601 CYPRESS GDN RD #A
City-St-Zip: WINTER HAVEN, FL

Title: T () Delete
Name: SHELL, JEFF
Address: 3221 OAK TREE LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD () Delete
Name: MONTAGUE, VINCEN
Address: 110 GREENFIELD ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD (X) Delete
Name: SPRINGER, ROBERT
Address: P.O. BOX 1117
City-St-Zip: DUNDEE, FL 33838

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOOD, JOHN G
Address: 3601 CYPRESS GDN RD #A
City-St-Zip: WINTER HAVEN, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MONTAGUE, VINCENT
Address: 110 GREENFIELD ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE V WOOD

CONT

03/06/2009

Electronic Signature of Signing Officer or Director

Date