

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90092 028 ****70.00

DOCUMENT # 755641

1. Entity Name
CYPRESSWOOD'S VILLAS ON THE GREEN
HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
660 CLUBHOUSE RD
WINTER HAVEN, FL 33884-1221 US

Mailing Address
PO BOX 936
DUNDEE, FL 33838-0936 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

03282007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2252748

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELL, JERRY S.
660 CLUBHOUSE RD.
WINTER HAVEN, FL 33884-1221

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

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, 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 PD
NAME REYNOLDS, JAMES L
STREET ADDRESS 671 BROADMOON CIR
CITY-ST-ZIP WINTER HAVEN, FL 33884 ☐ Delete

TITLE D
NAME John Ezell
STREET ADDRESS 650 Broadmoon Circle
CITY-ST-ZIP Winter Haven, FL 33884 ☐ Change ☒ Addition

TITLE VPD
NAME EVANS, CAROLYN
STREET ADDRESS 648 BROADMOON CIR.
CITY-ST-ZIP WINTER HAVEN, FL 33884 ☐ Delete

TITLE D
NAME Ken Beck
STREET ADDRESS 1075 Medinah Way
CITY-ST-ZIP Winter Haven, FL 33884 ☐ Change ☒ Addition

TITLE SD
NAME RAINE, JEANETTE
STREET ADDRESS 661 BROADMOON CIR.
CITY-ST-ZIP WINTER HAVEN, FL 33884 ☐ Delete

TITLE D
NAME JOANNE Gauber
STREET ADDRESS 1073 Medinah Way
CITY-ST-ZIP Winter Haven, FL 33884 ☐ Change ☒ Addition

TITLE TD
NAME FELL, JERRY S
STREET ADDRESS 660 CLUBHOUSE RD
CITY-ST-ZIP WINTER HAVEN, FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME STILES, NELSON
STREET ADDRESS 663 BROADMOON CIR
CITY-ST-ZIP WINTER HAVEN, FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HAINS, NANCE
STREET ADDRESS 679 BROADMOON CIR
CITY-ST-ZIP WINTER HAVEN, FL 33884 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jerry S. Fell Treasurer

Jerry S. Fell

3/28/07

863-289-5741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #