

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768376

FILED  
Feb 04, 2012  
Secretary of State

**Entity Name:** CYPRESSWOOD GOLF VILLAS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2257 FIRESTONE PL.  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1796  
DUNDEE, FL 33838 US

**New Mailing Address:**

FEI Number: 59-2953569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUMAS, GLORIA  
2257 FIRESTONE PLACE  
WINTER HAVEN,, FL 33884 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUMAS, GLORIA  
Address: 2257 FIRESTONE PLACE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: T  
Name: COLE, MARK  
Address: 1867 OAK WATER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: O  
Name: DREW, ROBERT  
Address: 2835 WINGFOOT COURT  
City-St-Zip: WINTER HAVEN, FL 33884

Title: S  
Name: DEEDRICK, VIKKI  
Address: 2247 FIRESTONE PL.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: V  
Name: MURPHY, WILLIAM  
Address: 2249 FIRESTONE PL  
City-St-Zip: WINTER HAVEN, FL 33884

Title: O  
Name: STANLEY, ELIZABETH  
Address: 2254 FIRESTONE PL  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 all other like empowered.

SIGNATURE: MARK E COLE

T

02/04/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date