

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

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N01000005698	
1. Entity Name CYPRESSWOOD OAKGROVE HOMEOWNERS' ASSOCIATION INC.	
Principal Place of Business 3601 CYPRESS GARDENS RD, SUITE A WINTER HAVEN, FL 33884	Mailing Address 3601 CYPRESS GARDENS RD, SUITE A WINTER HAVEN, FL 33884



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0711092	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WOOD, JOHN G JR 3601 CYPRESS GARDENS RD, SUITE 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

U000000906871
05/05/08-80015-020 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, JOHN G JR 3601 CYPRESS GARDENS RD, SUITE A WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, JOHN G 3601 CYPRESS GARDENS RD, SUITE A WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WOOD, THOMAS H 3601 CYPRESS GARDENS RD, SUITE A WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 4/15/08 Daytime Phone #