

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005698

FILED  
Mar 06, 2009  
Secretary of State

**Entity Name:** CYPRESSWOOD OAKGROVE HOMEOWNERS' ASSOCIATION INC.

**Current Principal Place of Business:**

3601 CYPRESS GARDENS RD, SUITE A  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

3601 CYPRESS GARDENS RD  
SUITE A  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

3601 CYPRESS GARDENS RD, SUITE A  
WINTER HAVEN, FL 33884

**New Mailing Address:**

3601 CYPRESS GARDENS RD  
SUITE A  
WINTER HAVEN, FL 33884

**FEI Number:** 01-0711092

**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 GARDENS RD, SUITE A  
WINTER HAVEN, FL 33884 US

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

WOOD, JOHN G JR  
3601 CYPRESS GARDENS 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 JR  
Address: 3601 CYPRESS GARDENS RD, SUITE A  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD ( ) Delete  
Name: WOOD, JOHN G  
Address: 3601 CYPRESS GARDENS RD, SUITE A  
City-St-Zip: WINTER HAVEN, FL 33884

Title: STD ( ) Delete  
Name: WOOD, THOMAS H  
Address: 3601 CYPRESS GARDENS RD, SUITE A  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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