

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

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000003627**

1. Entity Name  
CYPRESSWOOD PALMA CEIA HOMEOWNERS'  
ASSOCIATION INC.



Principal Place of Business  
3601 CYPRESS GARDENS RD STE A  
WINTER HAVEN, FL 33884

Mailing Address  
3601 CYPRESS GARDENS RD STE A  
WINTER HAVEN, FL 33884



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
02-0715842

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 STE 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)

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05/05/08-80015-017 61.25

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	WOOD, JOHN G
STREET ADDRESS	3601 CYPRESS GARDENS RD STE A
CITY- ST- ZIP	WINTER HAVEN, FL 33884
TITLE	DV
NAME	WOOD, JOHN G JR.
STREET ADDRESS	3601 CYPRESS GARDENS RD STE A
CITY- ST- ZIP	WINTER HAVEN, FL 33884
TITLE	DST
NAME	WOOD, THOMAS H
STREET ADDRESS	3601 CYPRESS GARDENS RD STE A
CITY- ST- ZIP	WINTER HAVEN, FL 33884
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

Daytime Phone #