


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90053 012 ****70.00

DOCUMENT # N07000004013

1. Entity Name
THE VILLAGE AT CYPRESS CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**5999 DUNDEE RD.
 WINTER HAVEN, FL 33881**

Mailing Address
**5999 DUNDEE RD.
 WINTER HAVEN, FL 33881**

2. Principal Place of Business - No P.O. Box # **BLVD**
900 HEARTWOOD CYPRESS
 Suite, Apt. #, etc.

3. Mailing Address
191 MONTEREY CYPRESS BLVD
 Suite, Apt. #, etc.

City & State
WINTER HAVEN FL.

City & State
WINTER HAVEN FL.

Zip
33881

Country
USA

Zip
33881

Country
USA



02112008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-8915753

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COLLING, LEE J
 529 VERSAILLES DR., SUITE 103
 MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

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, 2008

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRAND, MICHAEL J 510 LEYLAND CYPRESS WAY WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENN, DAVID R 337 MIDNIGHT CYPRESS DR. WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACKE, NORBERT F 341 MIDNIGHT CYPRESS DR. WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, DALE C 341 MIDNIGHT CYPRESS DR. WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLIER, JOHN J 625 YELLOW CYPRESS LANE WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM WISSMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 719 RED CYPRESS LN WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROMAN BARNHART <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 YELLOW CYPRESS LN WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERT A. SPEARS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 191 MONTEREY CYPRESS BLVD WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EAROL P. GOINS-SMITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 393 MIDNIGHT CYPRESS DR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CY LACKE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 341 MIDNIGHT CYPRESS DR WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS SCHMIDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 707 RED CYPRESS LN WINTER HAVEN, FL 33881

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: *William Wissman* **3/14/08** **863-324-1849**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #