


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90014 008 \*\*\*\*61.25

<b>DOCUMENT # N07354</b> 1. Entity Name <b>THE ASSOCIATION OF CYPRESS GARDENS MOBILE HOME PARK HOMEOWNERS, INC.</b>					
Principal Place of Business <b>69 WRIGHT ST WINTER HAVEN FL 33884 US</b>			Mailing Address <b>69 WRIGHT ST WINTER HAVEN FL 33884 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2521597</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent  <b>WOOD, THELMA 69 WRIGHT ST WINTER HAVEN FL 33884</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BOSSARD, MARY</b>		NAME	<b>Young, JANET</b>	
STREET ADDRESS	<b>51 WRIGHT ST.</b>		STREET ADDRESS	<b>44 YORK ST.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>		CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WOOD, THELMA</b>		NAME	<b>Ritchie, HENRY</b>	
STREET ADDRESS	<b>69 WRIGHT ST</b>		STREET ADDRESS	<b>77 CANAL ST.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>		CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<del>V. PRES.</del>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ROE, MARIE</b>		NAME	<b>DONALDSON, ROBERT</b>	
STREET ADDRESS	<b>146 ASHLEY ST.</b>		STREET ADDRESS	<b>48 WRIGHT ST.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>		CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CLARK, JOYCE</b>		NAME	<b>Gundrum, DONALD</b>	
STREET ADDRESS	<b>46 YORK STREET</b>		STREET ADDRESS	<b>134 YORK ST.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>		CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>	
TITLE	<del>Vice-PRES</del>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EDWARDS, C.G.</b>		NAME		
STREET ADDRESS	<b>2 WELLS STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SWAUGER, CAROL</b>		NAME		
STREET ADDRESS	<b>15 BECK ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Thelma B. Wood, Treas. THELMA B. Wood 2-6-06 863-318-0424