


70.00
**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90017 026 ****70.00

DOCUMENT # N07354 1. Entity Name THE ASSOCIATION OF CYPRESS GARDENS MOBILE HOME PARK HOMEOWNERS, INC.	
---	---

Principal Place of Business 69 WRIGHT ST WINTER HAVEN, FL 33884 US	Mailing Address 69 WRIGHT ST WINTER HAVEN, FL 33884 US
--	--



01182007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 146 Ashley Street	3. Mailing Address 146 Ashley Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Haven FL	City & State Winter Haven FL
Zip 33884	Zip 33884
Country Polk	Country Polk

4. FEI Number 59-2521597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WOOD, THELMA
69 WRIGHT ST
WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent
Name **Marie Roe**
Street Address (P.O. Box Number is Not Acceptable)
146 Ashley Street
City **Winter Haven** FL **33884**

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 **Marie Roe, President** **Marie Roe** **JAN 22 2007**
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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JANET 44 YORK ST WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITCHIE, HENRY 77 CANAL ST WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROE, MARIE 146 ASHLEY ST. WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALDSON, ROBERT 48 WRIGHT ST WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARDS, C.G. 2 WELLS STREET WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNDUM, DONALD 134 YORK ST WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL SWAUGER 15 Beck St. Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHIRLEY MAMMOLENTI 35 CHIVE ST Winter Haven, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ken BILLO 19 Beck St Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LORETTA GORTON 149 Ashley St. Winter Haven FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ben Greenwood 140 Ashley St. Winter Haven, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE CLARK 46 York St Winter Haven, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **CAROL SWAUGER** **Carol Swauger** **JAN 22 2007** **863-326-9205**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #