

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90038 046 ****61.25

DOCUMENT # N37046

1. Entity Name
**CYPRESS POINT HOMEOWNER'S ASSOCIATION OF
ORANGE COUNTY, INC.**



Principal Place of Business
**2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779-5044 US**

Mailing Address
**2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779-5044 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132008

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-2999300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 SUITE 5000
LONGWOOD, FL 32779**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
COCKERELL, PRISCILLA
9163 GREAT HERON CIRCLE
ORLANDO, FL 32836 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HERNDON, JAY
9001 GREAT HERON CIR
ORLANDO, FL 32836 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GALL, BOB
9163 GREAT HERON CIRCLE
ORLANDO, FL 32836 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
BERGERON, ALBERT
9077 GREAT HERON CIRCLE
ORLANDO, FL 32836 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
SONNIER, VERONICA
9017 GREAT HERON CIRCLE
ORLANDO, FL 32836 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ALBERTSON, ROBERT
9020 GREAT HERON CIRCLE
ORLANDO, FL 32836 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
WEPPELMANN, LORRIS
9164 POINT CYPRESS DR.
ORLANDO, FL 32836 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lorris Weppelmann **LORRIS WEPPELMANN** **APR 27, 2008** 407 876 2781