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**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90190 011 \*\*\*\*61.25

0013133

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000002765**

1. Corporation Name

**CYPRESS LANDING OF ORANGE COUNTY HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**190 NORTH WESTMONTE DRIVE #100  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address

**190 NORTH WESTMONTE DRIVE #100  
ALTAMONTE SPRINGS FL 32714  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**06/01/1994**

4. FEI Number

**59-3295183**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**CAMPBELL, MARILYN C  
RE/MAX CENTRAL PROPERTY MANAGEMENT  
2170 SR 434 W SUITE 384  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name

**190 N WESTMONTE DR STE 100  
ALTAMONTE SPRINGS FL 32714**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE  
NAME **GALLIMORE, ELLSWORTH G**  
STREET ADDRESS **1051 WINDERLEY PLACE, SUITE 307**  
CITY-ST-ZIP **MAITLAND FL**

TITLE **D** ☒ DELETE  
NAME **GALLIMORE, SHIRLEY P**  
STREET ADDRESS **1051 WINDERLEY PLACE, SUITE 307**  
CITY-ST-ZIP **MAITLAND FL**

TITLE **DST** ☒ DELETE  
NAME **WARD, LOUISE A**  
STREET ADDRESS **1051 WINDERLEY PLACE, SUITE 307**  
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **P/D**  
1.3 STREET ADDRESS **PARTON, DENISE**  
1.4 CITY-ST-ZIP **3907 WINDING LAKE CIR  
ORLANDO FL 32835**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **S/D**  
2.3 STREET ADDRESS **HULCHER, GEORGE (RAYMOND)**  
2.4 CITY-ST-ZIP **3865 WINDING LAKE CIR  
ORLANDO FL 32835**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **T/D**  
3.3 STREET ADDRESS **THOMSON, KIM**  
3.4 CITY-ST-ZIP **3697 WINDING LAKE CIR  
ORLANDO FL 32835**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **CHAFFICH, RICHARD**  
4.4 CITY-ST-ZIP **3660 WINDING LAKE CIR  
ORLANDO FL 32835**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **KRUPOFF, SHARRI**  
5.4 CITY-ST-ZIP **8130 BELSHIRE DR  
ORLANDO FL 32835**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **YORINKS, JEFFREY**  
6.4 CITY-ST-ZIP **3617 BELLINGTON DR  
ORLANDO FL 32835**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Denise Parton** **REDEEMED** **DC** **PARTON** **4-8-99** **(407) 295-3132**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

CYPRESS LANDINGS OF ORANGE COUNTY HOA

#N94000002765

N94000002765

447848-90190-11

13. OFFICERS (cont'd)

D

(ADDITION)

HORING, PHYLLIS  
3729 BEECH TREE DR  
ORLANDO FL 32835