


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90024 033 \*\*\*\*61.25

<b>DOCUMENT # N95000000203</b> 1. Entity Name CYPRESS PALMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5324 FAIRFIELD LAKE DR KISSIMMEE, FL 34746 US			Mailing Address 5324 FAIRFIELD LAKE DR KISSIMMEE, FL 34746 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3342607	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, DONALD DR. 7111 WILD FOREST CT., #102 NAPLES, FL 34109 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dr. Donald Jones 7111 Wild Forest Ct., #102 Naples, FL 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUHLE, WILLIAM 196 SE WENTWORTH DR. STUART, FL 34996 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD William Kuhlke 196 SE Wentworth Dr. Stuart, FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLIER, JOSEPH 4879 WEST 85TH LANE CROWN POINT, IN 46307 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jim Read 1600 Rising View Lane Knoxville, TN 37922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, MATTHEW 2104 DRIVE WAY KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jaycelyn Ray 1111 Canyon Trail Houston, TX 77066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, WILLIAM 215 N. ORLANDO AVE. KISSIMMEE, FL 34741 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD William Hart 215 N Orange Ave Kissimmee, FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1/31/08</u> Daytime Phone # <u>407-397-1600</u>		

X2004

# ATTACHMENT

## Wyndham Cypress Palms

5324 Fairfield Lake Drive, Kissimmee, FL 34746-4953

Resort Manager: Diedre Crain

Resort Phone: (407) 397-1600

Resort Fax: (407) 397-9167

### Wyndham Resort Management

**Area Manager:** Richard Scinta (407) 238-3520 richard.scinta@wyndhamvo.com

**Regional Vice President:** Jeff Musselman (407) 345-6416 jeff.musselman@wyndhamvo.com

<b>Name:</b> Jim Reed <b>Office:</b> President Legal Name: James Reed Board Term: October-10 Email: <a href="mailto:jim.reed@wyndhamvo.com">jim.reed@wyndhamvo.com</a>	<b>Address:</b> 1600 Rising View Lane Knoxville, TN 37922 <u>Alternate Address:</u>	Work: 865-966-1781 Voice Mail: Fax: 865-966-1781 Mobile: 865-607-0177 Member #: Comments:
<b>Name:</b> William Kuhlke <b>Office:</b> Vice President Legal Name: William E. Kuhlke III Board Term: October-09 Email: <a href="mailto:bill.kuhlke@bellsouth.net">bill.kuhlke@bellsouth.net</a>	<b>Address:</b> 196 SE Wentworth Drive Stuart, FL 34996 <u>Alternate Address:</u>	Work: N/A Home: 772-286-9660 Fax: 772-286-9660 Mobile: 772-485-4463 Member #: 00010095510 Comments: Call before sending fax.
<b>Name:</b> Joycelyn Ray <b>Office:</b> Treasurer Legal Name: Joycelyn Ray Board Term: October-10 Email: <a href="mailto:aggieil@aol.com">aggieil@aol.com</a>	<b>Address:</b> 11111 Canyon Trail Houston, TX 77066 <u>Alternate Address:</u>	Work: 713-744-3738 Home: 832-484-9187 Fax: Mobile: 713-922-0061 Member #: Comments:
<b>Name:</b> William Hart <b>Office:</b> Secretary Legal Name: Board Term: October-09 Email: <a href="mailto:bill2846@kua.net">bill2846@kua.net</a>	<b>Address:</b> 215 North Orlando Avenue Kissimmee, FL 34741 <u>Alternate Address:</u>	Work: 407-846-1216 Home: 407-846-0699 Fax: 407-846-0037 Mobile: 407-908-3263 Member #: 00010247717 Comments:
<b>Name:</b> Dr. Donald Jones <b>Office:</b> Director Legal Name: Donald R. Jones Board Term: October-08 Email: <a href="mailto:drdonaldjones7@yahoo.com">drdonaldjones7@yahoo.com</a> <a href="mailto:joanjones7@yahoo.com">joanjones7@yahoo.com</a>	<b>Address:</b> 7111 Wild Forest Court, #102 Naples, FL 34109-7856 <u>Alternate Address:</u>	Work: N/A Home: 239-254-8380 Fax: 239-254-8380 Mobile: 239-287-3207 Member #: 00010063762 Comments: Call before sending FAX.