
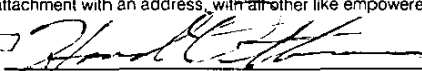


FILED
Mar 23, 2006 8:00 am
Secretary of State

50005007

DOCUMENT # N95000002318				03-23-2006 90019 020 ****61.25	
1. Entity Name CYPRESSWOOD ENCLAVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3601 CYPRESS GARDENS RD SUITE A WINTER HAVEN, FL 33884		Mailing Address 3601 CYPRESS GARDENS RD SUITE A WINTER HAVEN, FL 33884			
2. Principal Place of Business P.O. Box 266		3. Mailing Address P.O. Box 266		50005007	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212006 Chg-NP CR2E037 (11/05)	
City & State Dundee, FL		City & State Dundee, FL		4. FEI Number 59-3355118	
Zip 33838		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WOOD, JOHN G JR. 3601 CYPRESS GARDENS RD SUITE A WINTER HAVEN, FL 33884			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing True Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME BRUGARD, DONALD STREET ADDRESS 53 ENCLAVE DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete		TITLE D NAME John Adair STREET ADDRESS 37 Enclave Drive CITY-ST-ZIP Winter Haven, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE D NAME WOOD, JOHN G JR. STREET ADDRESS 3601 CYPRESS GARDENS RD SUITE A CITY-ST-ZIP WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Delete		TITLE D NAME Don Brungard STREET ADDRESS 53 Enclave Drive, Winter Haven, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE T NAME OTHOSON, HOWARD STREET ADDRESS 17 ENCLAVE DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete		TITLE P NAME Othoson, Howard STREET ADDRESS 17 Enclave Drive CITY-ST-ZIP Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE S NAME STILLMAN, BETTY STREET ADDRESS 16 ENCLAVE DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete		TITLE S,T NAME Betty Stillman STREET ADDRESS 16 Enclave Drive CITY-ST-ZIP Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D NAME TANNER, ELIZABETH STREET ADDRESS 28 ENCLAVE DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D NAME DUNAWAY, MICHAEL STREET ADDRESS 6 ENCLAVE DRIVE CITY-ST-ZIP WINTER HAVEN, FL 33884 <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 another like empowered.					
SIGNATURE:  Howard Othoson 3/21/06 863-670-20					