

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001665

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** CYPRESS BEND AT WATERFORD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1801 COOK AVE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

1801 COOK AVE  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 59-3475825

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHER, DONALD L  
1801 COOK AVE  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DUWE, MICHAEL  
Address: 838 LILAC TRACE LANE  
City-St-Zip: ORLANDO, FL 32828

Title: SDT ( ) Delete  
Name: DUWE, DONNA  
Address: 838 LILAC TRACE LANE  
City-St-Zip: ORLANDO, FL 32828

Title: DVP ( ) Delete  
Name: TIPTON, HELEN  
Address: 14351 VIBURNUM LANE  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: ROARK, DUSTIN  
Address: 962 LILAC TRACE LANE  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTI ACOCELLA

MGR

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date