

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751987

**Entity Name:** THE CYPRESSWOOD GARDEN PATIO HOMES HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Mar 10, 2021**  
**Secretary of State**  
**6702729247CC****Current Principal Place of Business:**399 TROON CT.  
WINTER HAVEN, FL 33884**Current Mailing Address:**P.O. BOX 1259  
DUNDEE, FL 33838 US**FEI Number: 59-2057326****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LOCKWOOD, DOUGLAS A  
STRAUGHN & TURNER, P.A.  
255 MAGNOLIA AVE., S.W.  
WINTER HAVEN, FL 33883 US*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**Officer/Director Detail :**

Title	VP
Name	DANIELS, DONALD
Address	384 TROON CT
City-State-Zip:	WINTER HAVEN FL 33884

Title	TREASURER
Name	LUCIEW, RICHARD
Address	399 TROON COURT
City-State-Zip:	WINTER HAVEN FL 33884

Title	PRESIDENT
Name	BRUTCHER, JOHN
Address	391 TROON CT
City-State-Zip:	WINTER HAVEN FL 33884

Title	SECRETARY
Name	WILLIAMS, CRYSTAL
Address	397 TROON COURT
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	DI LORENZO, MARJORIE
Address	425 GLENEAGLES CT.
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	MAY, POLLY
Address	398 TROON CT
City-State-Zip:	WINTER HAVEN FL 33884

*I hereby 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 all other like empowered.*

**SIGNATURE: LUCIEW, RICHARD****TREASURER****03/10/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date