

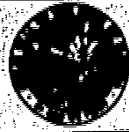
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 747952 (O)
1. Corporation Name
CYPRESS LAKES HOMEOWNERS ASSOCIATION II, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**% MARTIN GOLDSTEIN
5140 NICHOLAS DRIVE
WEST PALM BEACH FL 33417-1014**

3. Date Incorporated or Qualified **07/03/1979** 3a. Date of Last Report **04/25/1994**
4. FEI Number **59-2285588** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**REDFERN, THOMAS P
5253 MICHAEL DR
W PALM BCH FL 33417**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
THOMAS P REDFERN - SECRETARY 4/11/95
SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROLLNER, SAUL
STREET ADDRESS	5171 MICHAEL DR
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	T
NAME	GOLDSTEIN, MARTIN
STREET ADDRESS	5140 NICHOLAS DRIVE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	PD
NAME	NEVIN, SANDER
STREET ADDRESS	5228 MICHAEL DRIVE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	S
NAME	REDFERN, THOMAS
STREET ADDRESS	5253 MICHAEL DRIVE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	VP
NAME	SUTTON, FRANK
STREET ADDRESS	5213 MICHAEL DR.
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	D
NAME	BINDER, BETTY
STREET ADDRESS	5180 MICHAEL DR
CITY-ST-ZIP	W. PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE **Martin Goldstein - MARTIN GOLDSTEIN - Treasurer 407-684-3627**
DATE **4/10/95**