

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 747952 (0)
1. Corporation Name
CYPRESS LAKES HOMEOWNERS ASSOCIATION II, INC.



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| Principal Place of Business % MARTIN GOLDSTEIN 5140 NICHOLAS DRIVE WEST PALM BEACH FL 33417-1014 | Mailing Address % MARTIN GOLDSTEIN 5140 NICHOLAS DRIVE WEST PALM BEACH FL 33417-1014 |
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| 3. Date Incorporated or Qualified 07/03/1979 | |
| 4. FEI Number 59-2285588 | Applied For <input type="checkbox"/> Not Applicable |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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 **MARY ANN LEONE**
82 Street Address (P.O. Box Number Is Not Acceptable) **3531 JOSEPH DRIVE**
83
84 City **W. PALM BEACH FL** 85 Zip Code **33417**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE *Mary Ann Leone* DATE **4/21/98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROLLNER, SAUL 5171 MICHAEL DR W. PALM BEACH FL <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEATHERELL THOMAS 5197 NICHOLAS DRIVE W. PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GOLDSTEIN, MARTIN 5140 NICHOLAS DRIVE W. PALM BEACH FL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NEVIN, SANDER 5228 MICHAEL DRIVE W. PALM BEACH FL <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S REDFERN, THOMAS 5253 MICHAEL DRIVE W. PALM BEACH FL <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S LEONE, MARY ANN 3531 JOSEPH DRIVE W. PALM BEACH |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SUTTON, FRANK 5213 MICHAEL DR. W. PALM BEACH FL <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BINDER, BETTY 5180 MICHAEL DR W. PALM BEACH FL <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 4/21/98 561-684-3627

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