

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

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.



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
--	--

3. Date Incorporated or Qualified 07/03/1979	
4. FEI Number 59-2285588	Applied For <input type="checkbox"/> Not Applicable

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
---	--

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

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

CP2E037 (1097)