

FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90140 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747952

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 07/03/1979	4. FEI Number 59-2285588 Applied For Not Applicable
24	25	29	30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LEONE, MARY ANN 3531 JOSEPH DR W PALM BCH, FL 33417	10. Name and Address of New Registered Agent 81 Name LESLIE J. GOTTLIEB 82 Street Address (P.O. Box Number is Not Acceptable) 3680 JOSEPH DR 83 84 City WEST PALM BEACH FL 85 Zip Code 33417
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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 *Leslie Gottlieb* **LESLIE J. GOTTLIEB** 03/17/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: WEATHERALL, THOMAS STREET ADDRESS: 5197 NICHOLAS DR CITY-ST-ZIP: W. PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: WEATHER, ELL THOMAS 1.3 STREET ADDRESS: 5197 NICHOLAS DRIVE 1.4 CITY-ST-ZIP: WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: GOLDSTEIN, MARTIN STREET ADDRESS: 5140 NICHOLAS DRIVE CITY-ST-ZIP: W. PALM BEACH FL 33417	<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: PD NAME: NEVIN, SANDER STREET ADDRESS: 5228 MICHAEL DRIVE CITY-ST-ZIP: W. PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: VP 3.2 NAME: KORN HAUSER, FRED 3.3 STREET ADDRESS: 5174 MICHAEL DRIVE 3.4 CITY-ST-ZIP: WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: LEONE, MARYANN STREET ADDRESS: 3531 JOSEPH DR CITY-ST-ZIP: W. PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: S 4.2 NAME: GOTTLIEB, LESLIE J. 4.3 STREET ADDRESS: 3680 JOSEPH DRIVE 4.4 CITY-ST-ZIP: WEST PALM BEACH 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VP NAME: SUTTON, FRANK STREET ADDRESS: 5213 MICHAEL DR. CITY-ST-ZIP: W. PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: SUTTON, FRANK 5.3 STREET ADDRESS: 5213 MICHAEL DRIVE 5.4 CITY-ST-ZIP: WEST PALM BEACH 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BINDER, BETTY STREET ADDRESS: 5180 MICHAEL DR CITY-ST-ZIP: 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)(l), 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, with all other like empowered.

SIGNATURE: *Martin Goldstein* **MARTIN GOLDSTEIN** 03-17-99 5616843627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)