


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 747952**

1. Entity Name  
 CYPRESS LAKES HOMEOWNERS ASSOCIATION II, INC.



Principal Place of Business C/O SIMONE DESROCHERS 5189 MICHAEL DRIVE WEST PALM BEACH, FL 33417 US	Mailing Address C/O SIMONE DESROCHERS 5189 MICHAEL DRIVE WEST PALM BEACH, FL 33417 US
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**DO NOT WRITE IN THIS SPACE**



08212004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2285588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTHERELL, GLENYS R  
 5197 NICHOLAS DRIVE  
 W PALM BCH, FL 33417

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEATHERALL, THOMAS 5197 NICHOLAS DR W. PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESROCHERS, SIMONE 5189 MICHAEL DRIVE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORNHAUSER, FRED 5174 MICHAEL DR W. PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEATHERELL, GLENYS R 5197 NICHOLAS DR W. PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, MARVIN 5077 ALFRED DR W. PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000170852  
 08/25/04-80002-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** Fred Kornhauser **FRED KORNHAUSER** 8/24/04 561-689-2225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #