


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90044 036 ****61.25

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

2. Principal Place of Business, No P.O. Box #
 C L M H R - Plat 2


3. Mailing Address

Suite, Apt. #, etc.
 3445 Cypress Trail

City & State
 West Palm Bch, FL

Zip
 33417

40050040



01262007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-2285588

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WESTHERELL, GLENYS R
 5197 NICHOLAS DRIVE
 W PALM BCH, FL 33417

7. Name and Address of New Registered Agent
 Name *Simone Desrochers*
 Street Address (P.O. Box Number is Not Acceptable)
 5189 Michael Drive
 City *West Palm Beach* FL Zip Code *33417*

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 *Simone Desrochers* DATE *2-1-07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEATHERALL, THOMAS 5197 NICHOLAS DR W. PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DESROCHERS, SIMONE 5189 MICHAEL DRIVE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORNHAUSER, FRED 5174 MICHAEL DR W. PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEATHERELL, GLENYS R 5197 NICHOLAS DR W. PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, MARVIN 5077 ALFRED DR W. PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <i>Schneider, Marvin</i> <i>5077 Alfred Dr.</i> <i>W Palm Beach, FL 33417</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sheef, Leonard</i> <i>5195 Nicholas Dr.</i> <i>W Palm Beach, FL 33417</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Simone Desrochers - Simone Desrochers* DATE: *2-1-07* TITLE: *Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #