

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747952

FILED
Apr 13, 2009
Secretary of State

Entity Name: CYPRESS LAKES HOMEOWNERS ASSOCIATION II, INC.

Current Principal Place of Business:

CLMHA- PLAT 2
3445 CYPRESS TRAIL
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

C/O SIMONE DESROCHERS
5189 MICHAEL DRIVE
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 59-2285588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESCORHERS, SIMONE
5189 MICHAEL DRIVE
W PALM BCH, FL 33417 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DESROCHERS, SIMONE
Address: 5189 MICHAEL DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P () Delete
Name: KORNHAUSER, FRED
Address: 5174 MICHAEL DR
City-St-Zip: W. PALM BEACH, FL 33417

Title: D () Delete
Name: LEEF, LEONARD
Address: 5185 NICHOLAS DR
City-St-Zip: W .PALM BEACH, FL 33417

Title: S () Delete
Name: SPIVEY, DORIS
Address: 5053 ALFRED DR
City-St-Zip: W. PALM BEACH, FL 33417

Title: VD () Delete
Name: SCHNEIDER, MARVIN
Address: 5077 ALFRED DR
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GOTTLIEB, MEL
Address: 5187 NICHOLAS DR
City-St-Zip: W .PALM BEACH, FL 33417

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHNEIDER, MARVIN
Address: 5077 ALFRED DR
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED KORNHAUSER

P

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date