

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747952

FILED
Mar 01, 2010
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
Name: DESROCHERS, SIMONE
Address: 5189 MICHAEL DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

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

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

Title: S
Name: LEVY, ANN
Address: 5228 MICHAEL DRIVE
City-St-Zip: W. PALM BEACH, FL 33417

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

Title: D
Name: DOUGLAS, MARY
Address: 5052 ALFRED DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: FRED KORNHAUSER

P

03/01/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date