## 2005 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # N00000004052

## **FILED** Jan 21, 2005 8:00 am Secretary of State 01-21-2005 90057 023 \*\*\*\*61.25

CYPŔES	S POINT II HOMEOWNERS	S' ASSOCIATION, INC			0 <b>1 21 2</b> 000			
Principal Place of Business 6948 CYPRESS SPRING CT ST AUGUSTINE, FL 32086		Mailing Address 6948 CYPRESS SPRING CT ST AUGUSTINE, FL 32086						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0107200	5 Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Nur 59-29	nber 989817	<b>⊢</b>	pplied For lot Applicable	
- Zip		Zip	Country		ate of Status Desired	\$8.75 Ac Fee Requir		
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New R	legistered Agent		
GRIFFIN, KIM 6948 CYPRESS SPRING CT			Name Street Ad-	Name Street Address (P.O. Box Number is Not Acceptable)				
ST AUGUSTINE, FL 32086						· · ·		
			City		<del></del>	FL Zip Co	de	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co		\$5.00 Ma		lake check payable ida Department of S		
10.		Trust Fund Co		ADDITIONS/	es Flor	lake check payable	State	
10.	OFFICERS AND DIF	Trust Fund Co	ontribution. [	ADDITIONS/	CHANGES TO OFFICE	lake check payable ida Department of \$ RS AND DIRECTORS I	State	
TITLE NAME	OFFICERS AND DIE PD REM, EARL	Trust Fund Co	TITLE NAME	ADDITIONS/	CHANGES TO OFFICE	lake check payable ida Department of \$ RS AND DIRECTORS I	State N 10	
TITLE NAME STREET ADDRESS	PD REM, EARL 7020 PINE BREEZE LANE	Trust Fund Co	Ontribution. [  11.  TITLE  NAME  STREET ADDRESS	ADDITIONS/ F/D REMY, E. 7020 P/N	CHANGES TO OFFICE  ARL E BREEZE	lake check payable ida Department of S RS AND DIRECTORS I	State N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REM, EARL 7020 PINE BREEZE LANE ST AUGUSTINE, FL 32086	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fe  ADDITIONS/I F/D REMY, E 70 20 P/N ST, AVGUS	CHANGES TO OFFICE	lake check payable ida Department of S RS AND DIRECTORS I  Change  LANE  32086	State N 10 Addition	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4