

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N00000004052**

1. Entity Name

**CYPRESS POINT II HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**6948 CYPRESS SPRING CT  
 ST AUGUSTINE FL 32086**

**6948 CYPRESS SPRING CT  
 ST AUGUSTINE FL 32086**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-2989817**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIFFIN, KIM  
 6948 CYPRESS SPRING CT  
 ST AUGUSTINE FL 32086**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 re-registering)

DATE

**FILE NOW: 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 PD  Delete  
 NAME REMY, EARL  
 STREET ADDRESS 7020 PINE BREEZE LANE  
 CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE  Change  Addition  
 NAME U00000852783  
 STREET ADDRESS 03/12/07-80031-010 61.25  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME WAULDRON, JAMES T  
 STREET ADDRESS 6952 CYPRESS SPRING CT  
 CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME WESSELMAN, ROBERT  
 STREET ADDRESS 944 COLONIAL DR  
 CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME GIFFIN, KIM  
 STREET ADDRESS 6948 CYPRESS SPRING CT  
 CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert F. Wesselman* **ROBERT F. WESSELMAN**

**2-28-07 904-794-9031**