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COVER LETTER

Division of Corporations
SUBJECT: CYPRESS POINT I HOMEOWNERS ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: NO000004052
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person) CUPRESS Paint II Hom Eaw NERS ASSOCIATION, TWC,
980 COLONIAL DRIVE (Address)
ST. AUGUSTINE, FL 32086 (City/State and Zip Code)
For further information concerning this matter, please call:
HELEN T. BRIGGS 31 904, 794-1014

Enclosed is a \$35.00 check made payable to the Department of State.

(Name of Contact Person)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Area Code & Daytime Telephone Number)

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation SYPRESS POINT II HOMEOWNERS ASSOCIATION, IN
2. The principal office address: 69 48 CYPRESS SPRING CT.
ST. AugustiNE, FL 32086
3. The mailing address (if different):
4. Date of incorporation/qualification: 26 20 20 20 Document number: N0000004052
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
- Kim GIFFIN 至 日
6948 CYPRESS SPRING CT.
ST. AUGUSTINE, FL 32086
6. The name and street address of the new registered event (if changed) and /or registered office.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
HELEN T. BRIGGS
980 COLONIAL DRIVE (P.O. Box NOT acceptable)
ST. AUGUSTINE, FC 32086
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Relent Wesselman ROBERT WESSELMAN T-P
(Signature of an officer or director) (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
5
Cot. 18, 2007 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
HELEN T. BRIGGS
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)