

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004052

FILED
Feb 14, 2012
Secretary of State

Entity Name: CYPRESS POINT II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

944 COLONIAL DRIVE
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

944 COLONIAL DRIVE
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-2989817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESSELMAN, ROBERT F
944 COLONIAL DR
ST AUGUSTINE, FL 32086 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: PD
Name: MASON, GREG
Address: 6941 CYPRESS SPRING CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VPD
Name: GARANT, DIANE
Address: 6924 CYPRESS SPRING CT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: TD
Name: WESSELMAN, ROBERT F
Address: 944 COLONIAL DR
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D
Name: REMY, EARL
Address: 7020 PINE BREEZE LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: SD
Name: PAFFENDORF, RANAE
Address: 7004 PINE BREEZE LANE
City-St-Zip: ST AUGUSTINE, FL 32086

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: ROBERT F. WESSELMAN

TD

02/14/2012

Electronic Signature of Signing Officer or Director

Date