

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 014 ****61.25

DOCUMENT # N00000004347

1. Entity Name

ESTATES AT SUMMER LAKES CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC. ✓

Principal Place of Business

Mailing Address

444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789
US

444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3689945

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MALCOM, THOMAS D
444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME O'HARA, CHARLES D Delete
STREET ADDRESS 120 FAIRWAY WOODS BLVD
CITY-ST-ZIP ORLANDO FL 32824

TITLE PD
NAME Wright, Christopher S Change Addition
STREET ADDRESS 120 Fairway Woods Blvd.
CITY-ST-ZIP ORLANDO FL 32824

TITLE STD Delete
NAME ERSKINE, CYNTHIA L
STREET ADDRESS 120 FAIRWAY WOODS BLVD
CITY-ST-ZIP ORLANDO FL 32824

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME HAWKS, CANDICE H
STREET ADDRESS 120 FAIRWAY WOODS BLVD
CITY-ST-ZIP ORLANDO FL 32824

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

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 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: *Christopher S Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

(407) 240-0074

Daytime Phone #