2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004347

FILED Mar 26, 2004 Secretary of State

Entity Name: ESTATES AT SUMMER LAKES CYPRESS SPRINGS II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 882 JACKSON AVE. WINTER PARK, FL 32789 US **Current Mailing Address: New Mailing Address:** 882 JACKSON AVE WINTER PARK, FL 32789 US FEI Number: 59-3689945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VANDERBILT, AMANDA M 882 JACKSON AVE. WINTER PARK, FL 32789 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: STD (X) Change () Addition () Delete ERSKINE, CYNTHIA L NAIDO, SHERSRIN Name: Name: 120 FAIRWAY WOODS BLVD Address: 2987 SUMMER SWAN DRIVE Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32825 (X) Change () Addition Title: VD () Delete Title: HAWKS, CANDICE H Name: MAURO, VINCENT Name: Address: 120 FAIRWAY WOODS BLVD Address: 3004 SUMMER SWAN DRIVE City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: (X) Change () Addition TRUSSELL, GUYL DISTLER, STEVE Name: Name: 120 FAIRWAY WOOD BLVD. 2993 SUMMER SWAN DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: () Change (X) Addition Name: Name: GALINARES, ROBERTO 2939 SUMMER SWAN DRIVE Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: () Change (X) Addition RENAUD, J-P Name: Name: 2963 SUMMER SWAN DRIVE Address: Address: ORLANDO, FL 32825 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEVE DISTLER S 03/26/2004