

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004347

FILED
Mar 14, 2006
Secretary of State

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

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3689945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
% SENTRY MANAGEMENT INC.
2180 W SR 434 - STE. 5000
LONGWOOD, FL 327795044 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 () Delete
Name: SHERSRIN, BUTCH
Address: 2987 SUMMER SWAN DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: VPD () Delete
Name: RENAUD, JP
Address: 2963 SUMMER SWAN DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: SD () Delete
Name: DISTLER, STEVE
Address: 2993 SUMMER SWAN DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: TD () Delete
Name: WOODS, DONNA
Address: 11081 SUMMERSPRING LAKE DR
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: MAURO, VINNY
Address: 3004 SUMMER SWAN DRIVE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BUTCH SHERSRIN

PD

03/14/2006

Electronic Signature of Signing Officer or Director

Date