## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004347

FILED Apr 05, 2007 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:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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: HART, JAMES W JR % SENTRY MANAGEMENT INC. 2180 W SR 434 - STE. 5000 LONGWOOD, FL 327795044 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: (X) Delete () Change () Addition SHERSRIN, BUTCH Name: Name: 2987 SUMMER SWAN DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: Title: PD (X) Change ( ) Addition ( ) Delete RENAUD, JP Name: RENAUD, JP Name: Address: 2963 SUMMER SWAN DRIVE Address: 2963 SUMMER SWAN DRIVE City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: VPD (X) Change ( ) Addition DISTLER, STEVE DISTLER, STEVE Name: Name: 2993 SUMMER SWAN DRIVE 2993 SUMMER SWAN DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: TD ( ) Delete Title: SD (X) Change ( ) Addition Name: WOODS, DONNA Name: DOYLE, MIKE 11081 SUMMERSPRING LAKE DR Address: Address: 2819 SUMMER SWAN DR City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: (X) Change ( ) Addition MAURO, VINNY FIALO, ANGELO Name: Name: 3004 SUMMER SWAN DRIVE 2980 SUMMER SWAN DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32825 Title: () Delete Title: ( ) Change (X) Addition WOODS, DONNA Name: Name: Address: Address: 11081 SUMMERSPRING LAKES DR 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 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: JP RENAUD PD 04/05/2007