

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000447

FILED
Jan 12, 2007
Secretary of State

Entity Name: THE FOUNTAINS AT CYPRESS LAKES II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

390 TAVERNIER CIR.
OLDSMAR, FL 34677

New Principal Place of Business:

338 TAVERNIER CIR.
OLDSMAR, FL 34677

Current Mailing Address:

PO BOX 1634
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3233527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLANDERS, KAREN A
346 TAVERNIER DR.
OLDSMAR, FL 34677 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: P () Delete
Name: NITZSCHE, DON
Address: 390 TAVERNIER CR.
City-St-Zip: OLDSMAR, FL 34677

Title: VP () Delete
Name: HAMMOCK, ROSEANN
Address: 373 TAVERNIER CR.
City-St-Zip: OLDSMAR, FL 34677

Title: S () Delete
Name: FLANDERS, KAREN
Address: 346 TAVERNIER DR.
City-St-Zip: OLDSMAR, FL 34677

Title: S () Delete
Name: WASILAK, SHARYN
Address: 388 TAVERNIER DR.
City-St-Zip: OLDSMAR, FL 34677

Title: T () Delete
Name: SGAMMATO, LARRY
Address: 369 TAVERNIER CR.
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DISANTO, LISA
Address: 338 TAVERNIER DR.
City-St-Zip: OLDSMAR, FL 34677

Title: VP (X) Change () Addition
Name: CHEEK, RANDY
Address: 363 TAVERNIER CR.
City-St-Zip: OLDSMAR, FL 34677

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

Title: S (X) Change () Addition
Name: MOHR, LORI
Address: 325 TAVERNIER DR.
City-St-Zip: OLDSMAR, FL 34677

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: LISA DISANTO

P

01/12/2007

Electronic Signature of Signing Officer or Director

_____ Date