

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005507 (7)
1. Corporation Name
THE CYPRESS POINTE RESORT II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 12016 TURTLE CAY CIRCLE, ORLANDO FL 32836
Mailing Address: POST OFFICE BOX 22054, LANSING MI 48202-0205

3. Date Incorporated or Qualified: 11/20/1995
4. FEI Number: 59-3377247
Applied For: Not Applicable

2. Principal Place of Business: 21
2a. Mailing Address: 26 1781 Park Center Drive
Suite, Apt. #: etc. 27
City & State: 23 Orlando, Florida
Zip: 24 32835 Country: 25 USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DIROCCO, ANNA M.
~~12016 TURTLE CAY CIRCLE~~
~~ORLANDO FL 32836~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1781 Park Center Drive
83
84 City: Orlando FL 85 Zip Code: 32835

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0507, Florida Statutes.
SIGNATURE: *Anna M. DiRocco* 1/15/98

12. OFFICERS AND DIRECTORS

TITLE	DPK	<input checked="" type="checkbox"/> DELETE
NAME	BOOP, STEVEN S.	
STREET ADDRESS	12016 TURTLE CAY CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	COHEN, ANN	
STREET ADDRESS	12016 TURTLE CAY CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIROCCO, ANNA M	
STREET ADDRESS	12016 TURTLE CAY CIRCLE	
CITY - ST - ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILKS, WILLIAM	
STREET ADDRESS	12016 TURTLE CAY CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Russell W. Brunning	
1.3 STREET ADDRESS	1781 Park Center Drive	
1.4 CITY - ST - ZIP	Orlando, FL 32835	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1781 Park Center Drive	
2.4 CITY - ST - ZIP	Orlando, FL 32835	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1781 Park Center Drive	
3.4 CITY - ST - ZIP	Orlando, FL 32835	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1781 Park Center Drive	
4.4 CITY - ST - ZIP	Orlando, FL 32835	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/15/98 407-533-1000

CR2E037 (10/97)